

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

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May 26, 2016

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

Subject: RUC Recommendations

Dear Mr. Cavanaugh:

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

Enclosed are the RUC recommendations for all the CPT codes reviewed at the April 27-May 1, 2016 RUC meeting.

*CPT 2018 New and Revised Codes – May 2016 RUC Submission*

The enclosed binder contains RUC recommendations, including those for new and revised CPT codes. The RUC considered 15 new/revised/related family CPT codes at the April 2016 meeting. The RUC submits work value and/or practice expense inputs for 15 new/ revised/related family CPT codes from the April meeting.

- Three codes (Pulmonary Diagnostic Tests) will be resurveyed in October 2016
- Nine codes (Psychiatric Collaborative Care Management and Esophagectomy) were deferred to the October 2016 RUC meeting.

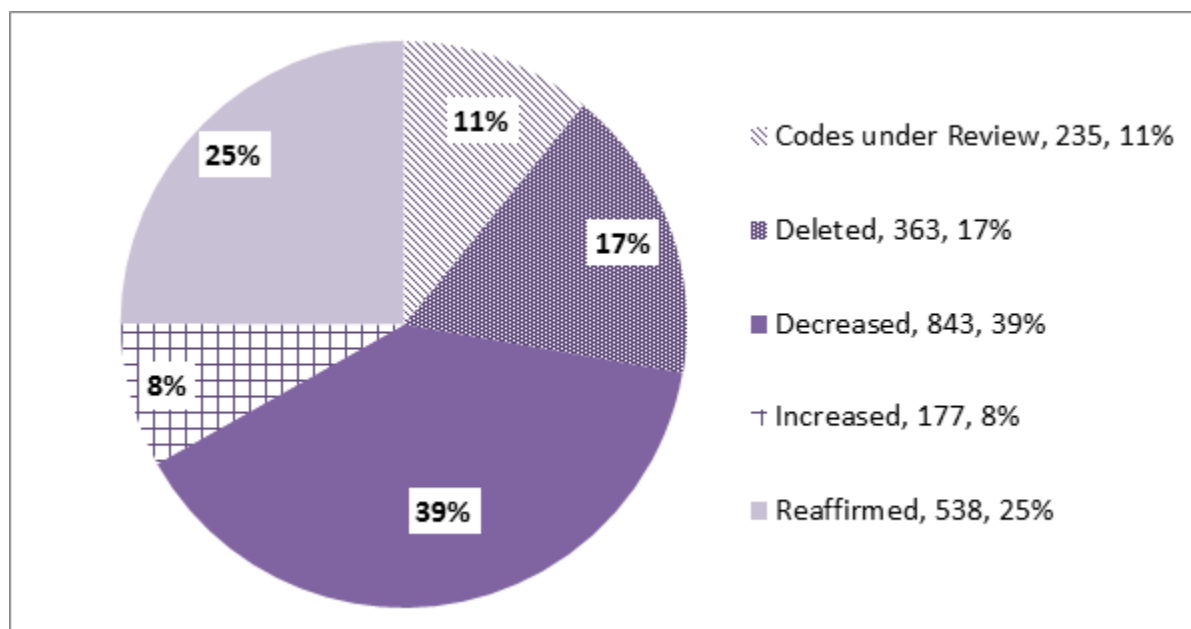
*Existing Services Identified by RUC and CMS for Review*

In addition to the new/revised CPT code submission, the RUC submits recommendations for 78 services identified by the RUC or CMS as potentially misvalued and reviewed at the April 2016 RUC meeting. The RUC recommends work relative values for 52 codes; direct practice expense inputs only for 2 codes; deferral to the October 2016 meeting for 6 codes; deletion of 1 code and 17 codes referred to the CPT Editorial Panel.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,156 potentially misvalued services through objective screening criteria and has completed review of 1,921 of these services. The RUC has recommended that over half of the services identified be decreased or deleted (Figure 1). The RUC has worked vigorously over the past several years to identify and address misvaluations in the RBRVS through provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services. *A detailed report of the RUC's progress is appended to this letter.*

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



Time Ratios and Physician Intensity

The RUC continues to have significant concern regarding CMS' recent reliance on time ratio formulas to derive physician work values and requests for the Agency to not employ them when reviewing the enclosed or future RUC recommendations. Time ratios completely disregard the physician intensity involved in performing a service and instead simply distill valuation into a basic formula with the only variable being either the new total physician time or the new intra-service physician time. The rationale behind their usage incorrectly assumes that the per minute physician work intensity originally established was permanent for all services regardless of how or when they were last valued.

Furthermore, inconsistently applying this valuation methodology to only certain services under review creates inherent payment disparities in a payment system which is based on relative valuation. Time ratios also appear to be in opposition to statute Sec. 1848. [42 U.S.C. 1395w-4] (a) (i), which states: The Secretary shall determine a number of work relative value units for the service based on the relative resources incorporating physician time and intensity required in furnishing the service.

**The RUC is increasingly concerned that CMS is eschewing the bedrock principles of valuation within the RBRVS (namely, magnitude estimation, survey data and clinical expertise) in favor of arbitrary mathematical formulas. The RUC urges CMS to continue to value services using the established methodology of magnitude estimation. Relative values should accurately reflect relative resources by incorporating the physician time and intensity required in furnishing each service.**

*Practice Expense Subcommittee*

*Emergent Procedures Pre-Service Clinical Staff Time*

At the January 2016 RUC meeting the Practice Expense (PE) Subcommittee discussed a subset of emergent procedures identified by the Emergent Procedures Workgroup and referred to the PE Subcommittee for review of pre-service clinical staff time in the facility setting only. The PE Subcommittee reviewed the recommendations submitted by the specialties. For the majority of the codes under review the specialties recommended 20 minutes of pre-service clinical staff time in the facility setting. The 20 minutes is divided in the following breakdown of clinical staff time.

	<b>Description of Clinical Activities - 090</b>	Non-emergent standard	Emergent standard
1	Complete pre-service diagnostic and referral forms	5	5
2	Coordinate pre-service surgery services	20	7
3	Schedule space and equipment in facility	8	4
4	Provide pre-service education/obtain consent	20	0
5	Follow-up phone call and prescriptions	7	4
6	Other Clinical Activity	0	0
	<b>TOTAL</b>	<b>60</b>	<b>20</b>

As part of the Emergent Procedures Workgroup's review, they identified 34 services (closed treatment of fracture and CPT code 40650) that have 60 minutes of pre-service clinical staff time in the facility-only setting that involved issues beyond the emergent procedure issue. The Emergent Procedures Workgroup referred these issues to the Relativity Assessment Workgroup (RAW) to review as potentially misvalued at the January 2016 meeting. Specialty societies submitted action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. At the January 2016 RUC meeting the RAW had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services.

The RAW referred these 34 emergent procedure codes identified back to the PE Subcommittee for review at the April 2016 meeting. The PE Subcommittee reviewed the recommendations submitted by the specialties. For 33 codes the specialties recommended application of the new emergent 090 day global pre-service clinical staff time standard (20 minutes) for the facility setting. Also included is CPT code 28660 a 010 day global that currently has 5 minutes of pre-service clinical staff time in the facility. The RUC agreed with the specialty that this service should have 0 minutes of pre-service clinical staff time in the facility setting. **The 34 emergent procedure code recommendations were reviewed and approved by the RUC.** *The list of codes and recommendations are attached 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 2,156 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 April 2016 RUC meeting.
- Pre-Service and Post-Service Time Packages Definitions: The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.
- PLI Crosswalk Table: The RUC has committed to selecting appropriate professional liability insurance crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.
- BETOS Assignment Table: The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change. Starting for the February 2016 submission, the RUC will now include a separate BETOS assignment table to better assist the Agency in assigning these important classifications, based off clinical input.
- Source Code Utilization Crosswalk Table: A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2018 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 527 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.

Sean Cavanaugh  
May 26, 2016  
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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,

A handwritten signature in black ink, appearing to read 'Peter K. Smith', with a stylized flourish at the end.

Peter K. Smith, MD

Enclosures

cc: Edith Hambrick, MD  
Ryan Howe  
Steve Phurrough, MD  
Marge Watchorn  
RUC Participants

# CPT 2018 RUC and HCPAC Recommendations

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

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
0179T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0180T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0492T	ZZZ	N	June17	37	Category III Ablative Laser Wound Treatment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0494T	XXX	N	June17	41	Category III Donor Lung Assessment and Perfusion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0495T	XXX	N	June17	41	Category III Donor Lung Assessment and Perfusion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0496T	XXX	N	June17	41	Category III Donor Lung Assessment and Perfusion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0497T	XXX	N	June17	45	Category III Mobile External ECG Event Recording Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0498T	XXX	N	June17	45	Category III Mobile External ECG Event Recording Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0479T	XXX	N	Feb17	41	Ablative Laser Treatment of Burn Scars		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0254T	XXX	R	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input type="checkbox"/>		<input type="checkbox"/>
0255T	XXX	D	Oct16	27	Endovascular Repair Procedures (EVAR)		Jan17	10	SVS, SIR, STS, AATS				<input type="checkbox"/>		<input type="checkbox"/>
0493T	XXX	N	June17	34	Category III Near-Infrared Spectroscopy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0293T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0294T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0299T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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
0499T	XXX	N	June17	43	Category III Urethral Therapeutic Drug Delivery		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0500T	XXX	N	June17	39	Category III HPV Extended Genotyping		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0501T	XXX	N	June17	40	Category III Noninvasive Estimated Coronary Fractional Flow Reserve		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0502T	XXX	N	June17	40	Category III Noninvasive Estimated Coronary Fractional Flow Reserve		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0503T	XXX	N	June17	40	Category III Noninvasive Estimated Coronary Fractional Flow Reserve		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0504T	XXX	N	June17	40	Category III Noninvasive Estimated Coronary Fractional Flow Reserve		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0480T	XXX	N	Feb17	41	Ablative Laser Treatment of Burn Scars		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0300T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0301T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0302T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0303T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0304T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0305T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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
0306T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0307T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0309T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0310T	XXX	D	Feb16	43	Category III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0333T	XXX	R	May16	29	Visual Evoked Potential Testing		Oct16	11					<input type="checkbox"/>		<input type="checkbox"/>
0340T	XXX	D	Oct16	25	Cryoablation of Pulmonary Tumors		Jan17	08	SIR, ACR				<input type="checkbox"/>		<input type="checkbox"/>
0483T	XXX	N	Feb17	50	Category III Transcatheter Mitral Valve Implatation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0484T	XXX	N	Feb17	50	Category III Transcatheter Mitral Valve Implatation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0438T	XXX	D	Oct16	34	Peri-Prostatic Implantation of Biodegradable Material		Jan17	13	ASTRO, AUA				<input type="checkbox"/>		<input type="checkbox"/>
0466T	YYY	N	May16	34	Hypoglossal Nerve Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0467T	YYY	N	May16	34	Hypoglossal Nerve Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0468T	YYY	N	May16	34	Hypoglossal Nerve Stimulation		Cat III						<input type="checkbox"/>		<input checked="" type="checkbox"/>
0485T	XXX	N	Feb17	53	Category III Optical Coherence Tomography of Middle Ear		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0486T	XXX	N	Feb17	53	Category III Optical Coherence Tomography of Middle Ear		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0475T	XXX	N	Oct16	96	Cat III Fetal Magnetocardiography (MCG)		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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
0465T	YYY	N	May16	33	Injection Suprachoroidal Space		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0476T	XXX	N	Oct16	96	Cat III Fetal Magnetocardiography (MCG)		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0477T	XXX	N	Oct16	96	Cat III Fetal Magnetocardiography (MCG)		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0478T	XXX	N	Oct16	96	Cat III Fetal Magnetocardiography (MCG)		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0482T	XXX	N	Feb17	48	Category III Absolute Quantitation Myocardial Blood Flow		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0472T	XXX	N	Oct16	92	Cat III Epiretinal Implant Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0473T	XXX	N	Oct16	92	Cat III Epiretinal Implant Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0474T	XXX	N	Oct16	94	Cat III Insertion of Aqueous Drainage Device		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0470T	XXX	N	Oct16	79	Optical Coherence Tomography of Skin		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0471T	XXX	N	Oct16	79	Optical Coherence Tomography of Skin		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0487T	XXX	N	Feb17	64	Category III Transvaginal Tactile Imaging		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0469T	XXX	N	Oct16	66	Retinal Polarization Scan		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0488T	XXX	N	June17	44	Category III Diabetes Behavior Change Intervention		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0489T	XXX	N	June17	35	Category III Adipose Tissue-Derived Cell Therapy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0490T	XXX	N	June17	35	Category III Adipose Tissue-Derived Cell Therapy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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



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
31237	000	F	Oct16	24	Nasal-Sinus Endoscopy		Jan17	07			2.60		<input checked="" type="checkbox"/>	Affirmed RUC Surveyed April 2013	<input type="checkbox"/>
31238		F	Oct16	24	Nasal-Sinus Endoscopy		Jan17	07			2.74		<input checked="" type="checkbox"/>	Affirmed RUC Surveyed April 2013	<input type="checkbox"/>
31239		F	Oct16	24	Nasal-Sinus Endoscopy		Jan17	07			9.04		<input checked="" type="checkbox"/>	Affirmed RUC Surveyed April 2013	<input type="checkbox"/>
31240		F	Oct16	24	Nasal-Sinus Endoscopy		Jan17	07			2.61		<input checked="" type="checkbox"/>	Affirmed RUC Surveyed April 2013	<input type="checkbox"/>
31254	000	R	Oct16	24	Nasal-Sinus Endoscopy	R2	Jan17	07	AAOHNS	4.64	4.27		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31255	000	R	Oct16	24	Nasal-Sinus Endoscopy	R3	Jan17	07	AAOHNS	6.95	5.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31256	000	F	Oct16	24	Nasal-Sinus Endoscopy	R7	Jan17	07	AAOHNS	3.29	3.11		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31267	000	F	Oct16	24	Nasal-Sinus Endoscopy	R8	Jan17	07	AAOHNS	5.28	4.68		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31276	000	R	Oct16	24	Nasal-Sinus Endoscopy	R9	Jan17	07	AAOHNS	8.00	6.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31287	000	F	Oct16	24	Nasal-Sinus Endoscopy	R10	Jan17	07	AAOHNS	3.91	3.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31288	000	F	Oct16	24	Nasal-Sinus Endoscopy	R11	Jan17	07	AAOHNS	4.57	4.10		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31295	000	F	Oct16	24	Nasal-Sinus Endoscopy	R12	Jan17	07	AAOHNS	2.70	2.70	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
31296	000	F	Oct16	24	Nasal-Sinus Endoscopy	R13	Jan17	07	AAOHNS	3.29	3.10		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31297	000	F	Oct16	24	Nasal-Sinus Endoscopy	R14	Jan17	07	AAOHNS	2.64	2.44		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31320	090	D	Oct16	101	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
31645	000	R	May16	14	Bronchial Aspiration of Tracheobronchial Tree	I1	Oct16	08	ATS, CHEST	2.88	2.88		<input checked="" type="checkbox"/>		<input type="checkbox"/>
31646	000	R	May16	14	Bronchial Aspiration of Tracheobronchial Tree	I2	Oct16	08	ATS, CHEST	3.00	2.78		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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

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

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

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

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

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

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



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

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

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

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

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
86378	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86729	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86822	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
86794	XXX	N	Feb17	30	Zika Virus Detection		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87277	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87470	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87477	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87515	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87634	XXX	N	Feb17	28	Respiratory Syncytial Virus Antigen Detection by Nucleic Acid		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
87662	XXX	N	Feb17	30	Zika Virus Detection		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
88154	XXX	D	Oct16	101	Code Set Maintenance		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
90620	XXX	R	Oct16	60	Meningococcal Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90621	XXX	R	Oct16	60	Meningococcal Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90651	XXX	R	Oct16	61	Human Papillomavirus		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90682	XXX	N	May16	24	Influenza Vaccine-Quadrivalent Pre-Filled Syringe		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
906X5	XXX	R	June17	EC-N	Zoster Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90750	XXX	N	May16	25	Zoster Vaccine Non-Live Intramuscular		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
90846	XXX	R	June17	EC-E	Family Psychotherapy		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
90847	XXX	R	June17	EC-E	Family Psychotherapy		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>

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

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

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



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

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

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2016									
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Request - Final Rule for 2016	CMS/Other Source - Utilization over 250,000	Harvard Valued - Utilization Over 30,000	High Level E/M in Global Period	High Volume Growth	Site of Service Anomaly
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	Refer to CPT		X					
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	Refer to CPT		X					
10021	Fine needle aspiration; without imaging guidance	Refer to CPT		X					
10022	Fine needle aspiration; with imaging guidance	Refer to CPT	X	X					
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	0.91				X			
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	Refer to CPT					X		
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	Refer to CPT					X		
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	23.00					X		
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	17.04					X		
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	19.04					X		
19303	Mastectomy, simple, complete	15.00					X		X
27370	Injection of contrast for knee arthrography	Survey for Oct 2016	X			X		X	

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2016									
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Request - Final Rule for 2016	CMS/Other Source - Utilization over 250,000	Harvard Valued - Utilization Over 30,000	High Level E/M in Global Period	High Volume Growth	Site of Service Anomaly
29445	Application of rigid total contact leg cast	1.78						X	
29580	Strapping; Unna boot	Survey for Oct 2016	X						
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	Survey for Oct 2016	X						
30140	Submucous resection inferior turbinate, partial or complete, any method	3.57 and resurvey as a 000-day				X			
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	1.10		X					
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	1.54		X					
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	1.97		X					
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	2.45		X					
31600	Tracheostomy, planned (separate procedure);	5.56	X						
31601	Tracheostomy, planned (separate procedure); younger than 2 years	8.00	X						
31603	Tracheostomy, emergency procedure; transtracheal	6.00	X						
31605	Tracheostomy, emergency procedure; cricothyroid membrane	6.45	X						

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2016									
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Request - Final Rule for 2016	CMS/Other Source - Utilization over 250,000	Harvard Valued - Utilization Over 30,000	High Level E/M in Global Period	High Volume Growth	Site of Service Anomaly
31610	Tracheostomy, fenestration procedure with skin flaps	9.38 and resurvey as a 000-day global	X						
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)	Refer to CPT				X			
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent	Refer to CPT				X			
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	4.17	X			X			
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	5.27	X						
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	6.29	X			X			

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2016									
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Request - Final Rule for 2016	CMS/Other Source - Utilization over 250,000	Harvard Valued - Utilization Over 30,000	High Level E/M in Global Period	High Volume Growth	Site of Service Anomaly
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	1.01	X						
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	Refer to CPT		X					
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	PE Only	X						
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	13.16							X
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	Refer to CPT							X
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	Refer to CPT							X
57260	Combined anteroposterior colporrhaphy;	Refer to CPT							X
57265	Combined anteroposterior colporrhaphy; with enterocele repair	Refer to CPT							X
64418	Injection, anesthetic agent; suprascapular nerve	1.10				X			

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2016									
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Request - Final Rule for 2016	CMS/Other Source - Utilization over 250,000	Harvard Valued - Utilization Over 30,000	High Level E/M in Global Period	High Volume Growth	Site of Service Anomaly
67820	Correction of trichiasis; epilation, by forceps only	0.32	X						
71100	Radiologic examination, ribs, unilateral; 2 views	0.22			X				
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27			X				
71110	Radiologic examination, ribs, bilateral; 3 views	0.29			X				
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	0.32			X				
71250	Computed tomography, thorax; without contrast material	1.16	X						
71260	Computed tomography, thorax; with contrast material(s)	1.38	X						
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	1.24	X						
73100	Radiologic examination, wrist; 2 views	0.16	X						
73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	X						
73120	Radiologic examination, hand; 2 views	0.16	X						
73130	Radiologic examination, hand; minimum of 3 views	0.17	X						
73140	Radiologic examination, finger(s), minimum of 2 views	0.13	X						

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2016									
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Request - Final Rule for 2016	CMS/Other Source - Utilization over 250,000	Harvard Valued - Utilization Over 30,000	High Level E/M in Global Period	High Volume Growth	Site of Service Anomaly
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	2.40	X					X	
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	Survey for Oct 2016	X						
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	Survey for Oct 2016	X						
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	Survey for Oct 2016	X						
76516	Ophthalmic biometry by ultrasound echography, A-scan;	0.40	X						
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	0.54	X						
77261	Therapeutic radiology treatment planning; simple	1.30	X						
77262	Therapeutic radiology treatment planning; intermediate	2.00	X						
77263	Therapeutic radiology treatment planning; complex	3.14	X						
78300	Bone and/or joint imaging; limited area	0.62	X						
78305	Bone and/or joint imaging; multiple areas	0.83	X						
78306	Bone and/or joint imaging; whole body	0.86	X						



RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2016									
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Request - Final Rule for 2016	CMS/Other Source - Utilization over 250,000	Harvard Valued - Utilization Over 30,000	High Level E/M in Global Period	High Volume Growth	Site of Service Anomaly
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	1.20		X					
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	0.73		X					
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	0.85	X						
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	0.95	X						
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	0.54	X						
92140	Provocative tests for glaucoma, with interpretation and report, without tonography	Deleted from CPT				X			

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2016									
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Request - Final Rule for 2016	CMS/Other Source - Utilization over 250,000	Harvard Valued - Utilization Over 30,000	High Level E/M in Global Period	High Volume Growth	Site of Service Anomaly
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	1.50	X						
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	0.92	X						
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	0.53	X						
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	Refer to CPT	X						
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	PE Only	X						

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2016									
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Request - Final Rule for 2016	CMS/Other Source - Utilization over 250,000	Harvard Valued - Utilization Over 30,000	High Level E/M in Global Period	High Volume Growth	Site of Service Anomaly
G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	Refer to CPT to create Category I code						X	
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	Refer to CPT to create Category I code						X	

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2016									
CPT	2016 Long Descriptor	RUC Recommendation	CMS High Expenditure Procedural Codes	CMS Request - Final Rule for 2016	CMS/Other Source - Utilization over 250,000	Harvard Valued - Utilization Over 30,000	High Level E/M in Global Period	High Volume Growth	Site of Service Anomaly
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	Refer to CPT to create Category I code						X	

**AMA/Specialty Society RVS Update Committee  
Practice Expense Subcommittee**

**Emergent Procedures Pre-Service Clinical Staff Time Review**

At the April 2016 RUC meeting the PE Subcommittee discussed the following list of 33 90 day globals and 1 010 day global. The RUC recommendations to CMS are listed below:

CPT Code	Code Descriptor	Global	Pre-Service Clinical Staff Time in the Facility Setting Recommendation
21820	Closed treatment of sternum fracture	090	20
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	090	20
24600	Treatment of closed elbow dislocation; without anesthesia	090	20
25675	Closed treatment of distal radioulnar dislocation with manipulation	090	20
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	090	20
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	090	20
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	090	20
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	090	20
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	090	20
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	090	20
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	090	20
27840	Closed treatment of ankle dislocation; without anesthesia	090	20
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	010	0
23540	Closed treatment of acromioclavicular dislocation; without manipulation	090	20
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	090	20
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	090	20
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	090	20
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	090	20
24605	Treatment of closed elbow dislocation; requiring anesthesia	090	20
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	090	20

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	090	20
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	090	20
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	090	20
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	090	20
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	090	20
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	090	20
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	090	20
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	090	20
27550	Closed treatment of knee dislocation; without anesthesia	090	20
27552	Closed treatment of knee dislocation; requiring anesthesia	090	20
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	090	20
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	090	20
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	090	20
40650	Repair lip, full thickness; vermilion only	090	20

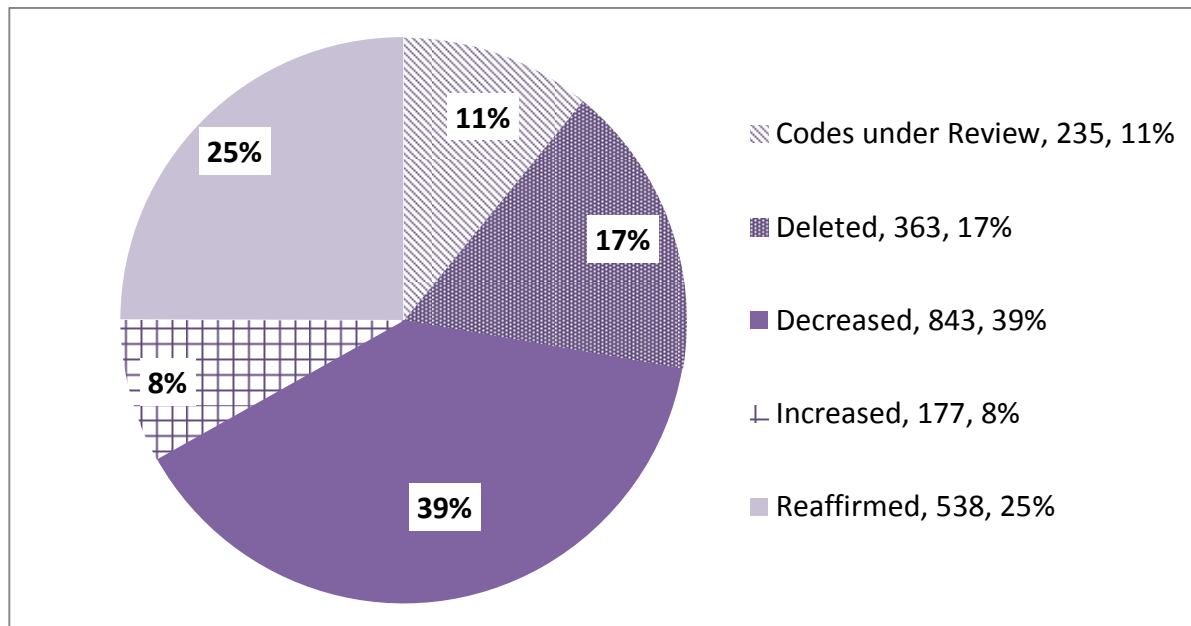
Procedure Code	Descriptor	Global	Dominant Specialty	Specialty Society	Current	SS	Pre-S	RUC	Pre-Service	Time	Rec
21820	Closed treatment of sternum fracture	90	EMERGENCY MEDICINE		60		20				20
23650	Closed treatment of shoulder dislocation, with	90	EMERGENCY MEDICINE		60		20				20
24600	Treatment of closed elbow dislocation; with	90	EMERGENCY MEDICINE		60		20				20
25675	Closed treatment of distal radioulnar dislocat	90	EMERGENCY MEDICINE		60		20				20
26700	Closed treatment of metacarpophalangeal di	90	EMERGENCY MEDICINE		60		20				20
26750	Closed treatment of distal phalangeal fractur	90	EMERGENCY MEDICINE		60		20				20
26755	Closed treatment of distal phalangeal fractur	90	EMERGENCY MEDICINE		60		20				20
26770	Closed treatment of interphalangeal joint disl	90	EMERGENCY MEDICINE		60		20				20
27265	Closed treatment of post hip arthroplasty dis	90	EMERGENCY MEDICINE		60		20				20
27762	Closed treatment of medial malleolus fractur	90	EMERGENCY MEDICINE		60		20				20
27818	Closed treatment of trimalleolar ankle fractur	90	EMERGENCY MEDICINE		60		20				20
27840	Closed treatment of ankle dislocation; withou	90	EMERGENCY MEDICINE		60		20				20
28660	Closed treatment of interphalangeal joint disl	10	EMERGENCY MEDICINE	AAOS, OTA	5		0				0
23540	Closed treatment of acromioclavicular disloc	90	ORTHOPEDIC SURGERY	AHKNS,	60		20				20
23625	Closed treatment of greater humeral tuberos	90	ORTHOPEDIC SURGERY	AOFAS,	60		20				20
23655	Closed treatment of shoulder dislocation, wit	90	ORTHOPEDIC SURGERY	ASSH, ASES,	60		20				20
23665	Closed treatment of shoulder dislocation, wit	90	ORTHOPEDIC SURGERY	POSNA,	60		20				20
24505	Closed treatment of humeral shaft fracture; v	90	ORTHOPEDIC SURGERY	AOSSM,	60		20				20
24605	Treatment of closed elbow dislocation; requi	90	ORTHOPEDIC SURGERY	SRS, AOA,	60		20				20
25565	Closed treatment of radial and ulnar shaft fr	90	ORTHOPEDIC SURGERY	AANA,	60		20				20
25605	Closed treatment of distal radial fracture (eg,	90	ORTHOPEDIC SURGERY	MSTS, NASS	60		20				20
27230	Closed treatment of femoral fracture, proxim	90	ORTHOPEDIC SURGERY		60		20				20
27232	Closed treatment of femoral fracture, proxim	90	ORTHOPEDIC SURGERY		60		20				20
27240	Closed treatment of intertrochanteric, peritro	90	ORTHOPEDIC SURGERY		60		20				20
27252	Closed treatment of hip dislocation, traumati	90	ORTHOPEDIC SURGERY		60		20				20
27266	Closed treatment of post hip arthroplasty dis	90	ORTHOPEDIC SURGERY		60		20				20
27502	Closed treatment of femoral shaft fracture, w	90	ORTHOPEDIC SURGERY		60		20				20
27510	Closed treatment of femoral fracture, distal	90	ORTHOPEDIC SURGERY		60		20				20
27550	Closed treatment of knee dislocation; withou	90	ORTHOPEDIC SURGERY		60		20				20
27552	Closed treatment of knee dislocation; requiri	90	ORTHOPEDIC SURGERY		60		20				20
27752	Closed treatment of tibial shaft fracture (with	90	ORTHOPEDIC SURGERY		60		20				20
27810	Closed treatment of bimalleolar ankle fractur	90	ORTHOPEDIC SURGERY		60		20				20
27825	Closed treatment of fracture of weight bearin	90	ORTHOPEDIC SURGERY		60		20				20
40650	Repair lip, full thickness; vermilion only	90	EMERGENCY MEDICINE	ACEP, ASPS	60		20				20

## The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified 2,156 services through 16 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the “new technology” list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining over 2,100 potentially misvalued services accounting for \$39 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,206 services, redistributing nearly \$4 billion. Here are the outcomes for the committee’s review of 2,156 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 527 services. In September 2010, the re-review cycle began and since then the RUC has recommended 25 services to be re-examined. The remaining services



are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 238 services every September after three years of Medicare claims data is available for each service.

### **Methodology Improvements**

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

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

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

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

### **Site of Service Anomalies**

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

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

Of the remaining 65 services that were not re-surveyed, the RUC modified the discharge day management for 46 services, maintained three codes and removed two codes from the screen as the typical patient was not a Medicare beneficiary and would be an inpatient. The CPT® Editorial Panel deleted 13 codes and the RUC will re-review two services in the CPT® 2019 cycle after more data is available.

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

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

### **High Volume Growth**

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

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

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 57 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred seven services to the CPT® Editorial Panel for revision and recommended review of five services after an additional two years of utilization data is collected. The CPT® Editorial Panel deleted six codes and the RUC submitted recommendations for 43 services for the 2015-2016 Medicare Physician Payment Schedule.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 21 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred ten services to the CPT Editorial Panel for revision and recommended the review of four services after an additional two years of utilization data is collected. The CPT Editorial Panel deleted one code and the RUC submitted recommendations for five services for the 2017 and 2018 Medicare Physician Payment Schedules. The RUC will continue to review the remaining four services after additional utilization data is available.

### **CMS Fastest Growing**

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

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

## **High IWPUT**

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

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

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

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

## **Harvard Valued**

### *Utilization over 1 Million*

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

### *Utilization over 100,000*

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

### *Utilization over 30,000*

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

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

In June 2012, CMS identified 16 services that were Harvard valued with annual allowed charges (2011 data) > \$10 million. The RUC expanded this screen to 33 services to include the proper family of services. The RUC removed two services from review as the allowed charges are approximately \$1

million and did not meet the screen criteria. The CPT® Editorial Panel deleted one service. The RUC submitted recommendations for 30 services for the 2013-2017 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

### **CMS/Other**

#### *Utilization over 500,000*

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

#### *Utilization over 250,000*

In April 2013, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 250,000 or more, which resulted in 26 services and was expanded to 52 services to include the family of services. The CPT Editorial Panel deleted 11 codes identified under this screen. The RUC referred one service to the CPT® Editorial Panel and submitted 31 recommendations to CMS for the 2015-2017 Medicare Physician Payment Schedules. The RUC will review nine services for the 2018 Medicare Physician Payment Schedule.

### **Bundled CPT® Services**

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

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

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

In February 2010, the Workgroup continued review of services provided on the same day by the same provider, this time lowering the threshold to 75% or more together. The Relativity Assessment Workgroup again analyzed the Medicare claims data and found 151 code pairs which met the threshold. The Workgroup then collected these code pairs into similar “groups” to ensure that the entire family of services would be coordinated under one code bundling proposal. The grouping effort resulted in 20 code groups, totaling 80 codes, and were sent to specialty societies to solicit action plans for consideration at the April 2010 RUC meeting. Resulting from the Relativity Assessment Workgroup review, 81 additional codes were added for review as part of the family of services to ensure duplication of work and practice expense was mitigated throughout the entire set of services. Of the 161 total codes under review, the CPT® Editorial Panel deleted 35 individual component codes and replaced the component coding with 125 new and/or revised codes that described the bundles of services. The CPT® Editorial Panel and the RUC are currently working on one service and expect to complete this screen for final implementation in the 2018 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 162 total codes under review, the CPT® Editorial Panel deleted 50 services and is scheduled to review eight codes in the 2018 cycle. The RUC has submitted 104 code recommendations for the 2014-2018 Medicare Physician Payment Schedules.

In January and April 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its fourth cycle analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 8 code pair groups and recommended code bundling for 18 individual codes. In October 2015, the CPT Editorial Panel started review of the code bundling solutions. Of the 37 total codes under review, the CPT Editorial Panel deleted 12 services and is scheduled to review nine codes in the 2018 cycle. The RUC has submitted 16 code recommendations for the 2017 Medicare Physician Payment Schedule.

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

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

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

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

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

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

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

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

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

The RUC reviewed the 70 services identified and expanded the list to 145 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 20 codes and will review four codes for the 2017 cycle. The RUC submitted 120 recommendations to CMS for the 2013-2017 Medicare Physician Payment Schedules will review utilization data for one service after additional data is available.

In the Proposed Rule for 2016, CMS requested that the RUC review a list of 118 high Medicare Physician Payment Schedule high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. The RUC expanded the list of services to 197 services to include additional codes as part of the family.

The CPT Editorial Panel deleted 15 codes and will review 36 codes for the 2018 cycle. The RUC submitted 88 recommendations to CMS for the 2017-2018 Medicare Physician Payment Schedules and will review the remaining services for 2018.

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

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

### **Pre-Time Analysis**

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

### **Post-Operative Visits**

#### *010-Day Global Codes*

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

### *090-Day Global Codes*

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

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

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

### **Public Comment Requests**

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

### *Final Rule for 2013*

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

### *Final Rule for 2014*

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

### *Final Rule for 2015*

In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 44 services to include additional codes as part of this family. The CPT Editorial Panel deleted 13 services and will review three additional services. The RUC submitted 28 recommendations for the 2016-2017 Medicare Physician Payment Schedules.

### *Final Rule for 2016*

In the Final Rule for 2016 the public and CMS nominated 25 services as potentially misvalued, which the RUC expanded to 28 services to include an additional code as part of the family. The RUC referred 17 codes to the CPT Editorial Panel for revision. The RUC submitted eight recommendations for the 2017-2018 Medicare Physician Payment Schedules and will review the remaining three services for the 2018 Medicare Physician Payment Schedule.

### **Other Issues**

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

CMS also identified 72 services that required further practice expense review. The RUC submitted practice expense recommendations on 67 services and the CPT<sup>®</sup> 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**

<b>Total Number of Codes Identified*</b>	<b>2,156</b>
<b><i>Codes Completed</i></b>	<b>1,921</b>
Work and PE Maintained	538
Work Increased	177
Work Decreased	693
Direct Practice Expense Revised (beyond work changes)	150
Deleted from CPT <sup>®</sup>	363
<b><i>Codes Under Review</i></b>	<b>235</b>
Referred to CPT <sup>®</sup> Editorial Panel	94
RUC to Review October 2016 and January 2017	117
RUC future review after additional data obtained	24

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

The RUC's efforts for 2009-2015 have resulted nearly \$4 billion for redistribution within the Medicare Physician Payment Schedule.



# Status Report: CMS Requests and Relativity Assessment Issues

<b>00740</b>	<b>Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum</b>	<b>Global:</b> XXX	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 1,307,886	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0	<b>2016 Work RVU:</b> 5.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 5.0 Interim and Refer to CPT		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b>	

<b>00810</b>	<b>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum</b>	<b>Global:</b> XXX	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 1,708,827	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0	<b>2016 Work RVU:</b> 5.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 5.0 Interim and Refer to CPT		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b>	

<b>01930</b>	<b>Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified</b>	<b>Global:</b> XXX	<b>Issue:</b> Anesthesia for Interventional Radiology	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 24,990	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0	<b>2016 Work RVU:</b> 5.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Remove from Screen	

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Global:** XXX

**Issue:** Fine Needle Aspiration

**Screen:** CMS Request - Final Rule for 2016

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 12

**Specialty Developing Recommendation:**

AACE, ASBS, CAP, ES, AAOHNS, ACS

**First Identified:** July 2015

**2015e Medicare Utilization:** 25,416

**2007 Work RVU:** 1.27

**2016 Work RVU:** 1.27

**2007 NF PE RVU:** 2.14

**2016 NF PE RVU:** 2.06

**2007 Fac PE RVU:** 0.5

**2016 Fac PE RVU:** 0.56

**RUC Recommendation:** Refer to CPT

**Referred to CPT** February 2017

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

**Result:**

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

**Global:** XXX

**Issue:** Fine Needle Aspiration

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

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 12

**Specialty Developing Recommendation:**

AACE, ACR, ASBS, CAP, ES, SIR

**First Identified:** October 2008

**2015e Medicare Utilization:** 191,448

**2007 Work RVU:** 1.27

**2016 Work RVU:** 1.27

**2007 NF PE RVU:** 2.41

**2016 NF PE RVU:** 2.59

**2007 Fac PE RVU:** 0.4

**2016 Fac PE RVU:** 0.48

**RUC Recommendation:** Refer to CPT

**Referred to CPT** February 2017

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

**Result:**

**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

**2015e Medicare Utilization:** 7,378

**2007 Work RVU:**

**2016 Work RVU:** 3.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 18.44

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.17

**RUC Recommendation:** 3.00

**Referred to CPT** October 2012

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>10040</b>	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	<b>Global:</b> 010	<b>Issue:</b> Acne Surgery	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 34,669	<b>2007 Work RVU:</b> 1.19 <b>2007 NF PE RVU:</b> 1.09 <b>2007 Fac PE RVU:</b> 0.84 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.21 <b>2016 NF PE RVU:</b> 1.51 <b>2016 Fac PE RVU:</b> 1.14
<b>RUC Recommendation:</b> 0.91		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>10060</b>	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	<b>Global:</b> 010	<b>Issue:</b> Incision and Drainage of Abscess	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 420,966	<b>2007 Work RVU:</b> 1.19 <b>2007 NF PE RVU:</b> 1.29 <b>2007 Fac PE RVU:</b> 0.97 <b>Result:</b> Increase	<b>2016 Work RVU:</b> 1.22 <b>2016 NF PE RVU:</b> 1.97 <b>2016 Fac PE RVU:</b> 1.42
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>10061</b>	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	<b>Global:</b> 010	<b>Issue:</b> Incision and Drainage of Abscess	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits Screen	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 161,212	<b>2007 Work RVU:</b> 2.42 <b>2007 NF PE RVU:</b> 1.89 <b>2007 Fac PE RVU:</b> 1.51 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 2.45 <b>2016 NF PE RVU:</b> 3.10 <b>2016 Fac PE RVU:</b> 2.37
<b>RUC Recommendation:</b> 2.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** September 2011      **Tab** 12      **Specialty Developing Recommendation:** APMA, AAFP      **First Identified:** April 2011      **2015e Medicare Utilization:** 43,364      **2007 Work RVU:** 1.23      **2016 Work RVU:** 1.22  
**2007 NF PE RVU:** 2.12      **2016 NF PE RVU:** 2.94  
**2007 Fac PE RVU:** 0.97      **2016 Fac PE RVU:** 1.59  
**Result:** Maintain

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

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

**Most Recent RUC Meeting:** October 2013      **Tab** 18      **Specialty Developing Recommendation:**      **First Identified:** January 2013      **2015e Medicare Utilization:** 11,211      **2007 Work RVU:** 2.27      **2016 Work RVU:** 2.30  
**2007 NF PE RVU:** 3.06      **2016 NF PE RVU:** 4.22  
**2007 Fac PE RVU:** 1.94      **2016 Fac PE RVU:** 2.34  
**Result:** Maintain

**RUC Recommendation:** Remove from re-review      **Referred to CPT**      **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      **2015e Medicare Utilization:**      **2007 Work RVU:** 0.50      **2016 Work RVU:**  
**2007 NF PE RVU:** 0.56      **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 0.2      **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2009      **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      **2015e Medicare Utilization:**      **2007 Work RVU:** 0.60      **2016 Work RVU:**  
**2007 NF PE RVU:** 0.68      **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 0.3      **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

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

# Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

**2015e**  
**Medicare**  
**Utilization:** 1,565,511

**2007 Work RVU:** 0.80

**2016 Work RVU:** 1.01

**2007 NF PE RVU:** 0.97

**2016 NF PE RVU:** 2.18

**2007 Fac PE RVU:** 0.39

**2016 Fac PE RVU:** 0.64

**Result:** Increase

**RUC Recommendation:** 1.12

**Referred to CPT** October 2009

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

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

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

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

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

**2015e**  
**Medicare**  
**Utilization:** 268,087

**2007 Work RVU:** 3.04

**2016 Work RVU:** 2.70

**2007 NF PE RVU:** 3.45

**2016 NF PE RVU:** 3.39

**2007 Fac PE RVU:** 2.62

**2016 Fac PE RVU:** 1.38

**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT** October 2009

**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** APMA, APTA  
**Recommendation:**

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

**2015e**  
**Medicare**  
**Utilization:** 64,496

**2007 Work RVU:** 4.11

**2016 Work RVU:** 4.10

**2007 NF PE RVU:** 4.58

**2016 NF PE RVU:** 4.22

**2007 Fac PE RVU:** 3.73

**2016 Fac PE RVU:** 1.92

**Result:** Increase

**RUC Recommendation:** 4.56

**Referred to CPT** October 2009

**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** ACS, APMA, APTA  
**Recommendation:**

**First**  
**Identified:**

**2015e**  
**Medicare**  
**Utilization:** 292,094

**2007 Work RVU:**

**2016 Work RVU:** 0.50

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.59

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.18

**Result:** Increase

**RUC Recommendation:** 0.69

**Referred to CPT**

**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:**

**2015e Medicare Utilization:** 131,009

**2007 Work RVU:**

**2016 Work RVU:** 1.03

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.88

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.41

**Result:** Decrease

**RUC Recommendation:** 1.29

**Referred to CPT**

**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:**

**2015e Medicare Utilization:** 32,963

**2007 Work RVU:**

**2016 Work RVU:** 1.80

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.41

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.74

**Result:** Increase

**RUC Recommendation:** 2.00

**Referred to CPT**

**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

**2015e Medicare Utilization:** 863,382

**2007 Work RVU:** 0.43

**2016 Work RVU:** 0.35

**2007 NF PE RVU:** 0.63

**2016 NF PE RVU:** 0.98

**2007 Fac PE RVU:** 0.16

**2016 Fac PE RVU:** 0.09

**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11056</b>	<b>Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions</b>	<b>Global:</b> 000	<b>Issue:</b> Trim Skin Lesions	<b>Screen:</b> MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 53	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 1,889,624	<b>2007 Work RVU:</b> 0.61 <b>2007 NF PE RVU:</b> 0.7 <b>2007 Fac PE RVU:</b> 0.22 <b>Result:</b> Decrease <b>2016 Work RVU:</b> 0.50 <b>2016 NF PE RVU:</b> 1.12 <b>2016 Fac PE RVU:</b> 0.12
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>11057</b>	<b>Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions</b>	<b>Global:</b> 000	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> November 2011	<b>2015e Medicare Utilization:</b> 362,294	<b>2007 Work RVU:</b> 0.79 <b>2007 NF PE RVU:</b> 0.81 <b>2007 Fac PE RVU:</b> 0.28 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 0.65 <b>2016 NF PE RVU:</b> 1.17 <b>2016 Fac PE RVU:</b> 0.16
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>11100</b>	<b>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion</b>	<b>Global:</b> 000	<b>Issue:</b> Biopsy of Skin Lesion	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 3,356,246	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 1.41 <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 0.81 <b>2016 NF PE RVU:</b> 2.01 <b>2016 Fac PE RVU:</b> 0.48
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

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

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

**First Identified:** October 2010 **2015e Medicare Utilization:** 1,433,790

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

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016  
**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 **2015e Medicare Utilization:** 89,526

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

**RUC Recommendation:** 0.60

**Referred to CPT**  
**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 **2015e Medicare Utilization:** 182,162

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

**RUC Recommendation:** 0.90

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



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>11302</b>	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2012

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

**First Identified:** January 2012

**2015e Medicare Utilization:** 111,571

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

**2016 Work RVU:** 1.05  
**2016 NF PE RVU:** 2.79  
**2016 Fac PE RVU:** 0.61

**RUC Recommendation:** 1.16

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

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<b>11303</b>	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2012

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

**First Identified:** January 2012

**2015e Medicare Utilization:** 16,082

**2007 Work RVU:** 1.24  
**2007 NF PE RVU:** 1.69  
**2007 Fac PE RVU:** 0.53  
**Result:** Increase

**2016 Work RVU:** 1.25  
**2016 NF PE RVU:** 2.98  
**2016 Fac PE RVU:** 0.72

**RUC Recommendation:** 1.25

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

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<b>11305</b>	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2012

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

**First Identified:** January 2012

**2015e Medicare Utilization:** 104,170

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

**2016 Work RVU:** 0.80  
**2016 NF PE RVU:** 1.94  
**2016 Fac PE RVU:** 0.26

**RUC Recommendation:** 0.80

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

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<b>11306</b>	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2012

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

**First Identified:** January 2012

**2015e Medicare Utilization:** 94,180

**2007 Work RVU:** 0.99  
**2007 NF PE RVU:** 1.18  
**2007 Fac PE RVU:** 0.41  
**Result:** Increase

**2016 Work RVU:** 0.96  
**2016 NF PE RVU:** 2.38  
**2016 Fac PE RVU:** 0.43

**RUC Recommendation:** 1.18

**Referred to CPT**  
**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      **2015e Medicare Utilization:** 51,749      **2007 Work RVU:** 1.14      **2016 Work RVU:** 1.20  
**2007 NF PE RVU:** 1.4      **2016 NF PE RVU:** 2.71  
**2007 Fac PE RVU:** 0.49      **2016 Fac PE RVU:** 0.57  
**Result:** Increase

**RUC Recommendation:** 1.20      **Referred to CPT**  
**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      **2015e Medicare Utilization:** 13,417      **2007 Work RVU:** 1.41      **2016 Work RVU:** 1.46  
**2007 NF PE RVU:** 1.53      **2016 NF PE RVU:** 2.67  
**2007 Fac PE RVU:** 0.58      **2016 Fac PE RVU:** 0.52  
**Result:** Increase

**RUC Recommendation:** 1.46      **Referred to CPT**  
**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      **2015e Medicare Utilization:** 77,901      **2007 Work RVU:** 0.73      **2016 Work RVU:** 0.80  
**2007 NF PE RVU:** 1.18      **2016 NF PE RVU:** 2.31  
**2007 Fac PE RVU:** 0.32      **2016 Fac PE RVU:** 0.45  
**Result:** Increase

**RUC Recommendation:** 1.19      **Referred to CPT**  
**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      **2015e Medicare Utilization:** 103,610      **2007 Work RVU:** 1.05      **2016 Work RVU:** 1.10  
**2007 NF PE RVU:** 1.34      **2016 NF PE RVU:** 1.91  
**2007 Fac PE RVU:** 0.49      **2016 Fac PE RVU:** 0.64  
**Result:** Increase

**RUC Recommendation:** 1.43      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>11312</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 50,815	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 1.55 <b>2007 Fac PE RVU:</b> 0.56 <b>Result:</b> Increase	<b>2016 Work RVU:</b> 1.30 <b>2016 NF PE RVU:</b> 3.05 <b>2016 Fac PE RVU:</b> 0.76
<b>RUC Recommendation:</b> 1.80		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>11313</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 6,157	<b>2007 Work RVU:</b> 1.62 <b>2007 NF PE RVU:</b> 1.9 <b>2007 Fac PE RVU:</b> 0.73 <b>Result:</b> Increase	<b>2016 Work RVU:</b> 1.68 <b>2016 NF PE RVU:</b> 3.34 <b>2016 Fac PE RVU:</b> 0.97
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>11719</b>	Trimming of nondystrophic nails, any number	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 32 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 1,079,702	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.28 <b>2007 Fac PE RVU:</b> 0.07 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.17 <b>2016 NF PE RVU:</b> 0.22 <b>2016 Fac PE RVU:</b> 0.04
<b>RUC Recommendation:</b> 0.17		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>11720</b>	Debridement of nail(s) by any method(s); 1 to 5	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 53 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 2,049,127	<b>2007 Work RVU:</b> 0.32 <b>2007 NF PE RVU:</b> 0.37 <b>2007 Fac PE RVU:</b> 0.11 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.32 <b>2016 NF PE RVU:</b> 0.57 <b>2016 Fac PE RVU:</b> 0.08
<b>RUC Recommendation:</b> 0.32 (Interim)		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11721</b>	<b>Debridement of nail(s) by any method(s); 6 or more</b>	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent</b>	<b>Tab</b> 53	<b>Specialty Developing</b>	APMA	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 7,297,831
<b>RUC Meeting:</b> September 2011		<b>Recommendation:</b>		<b>2007 Work RVU:</b> 0.54	<b>2016 Work RVU:</b> 0.54
				<b>2007 NF PE RVU:</b> 0.47	<b>2016 NF PE RVU:</b> 0.69
				<b>2007 Fac PE RVU:</b> 0.2	<b>2016 Fac PE RVU:</b> 0.13
<b>RUC Recommendation:</b> 0.54 (Interim)			<b>Referred to CPT</b>	<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>11730</b>	<b>Avulsion of nail plate, partial or complete, simple; single</b>	<b>Global:</b> 000	<b>Issue:</b> Removal of Nail Plate	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent</b>	<b>Tab</b> 56	<b>Specialty Developing</b>	APMA	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 443,290
<b>RUC Meeting:</b> January 2016		<b>Recommendation:</b>		<b>2007 Work RVU:</b> 1.10	<b>2016 Work RVU:</b> 1.10
				<b>2007 NF PE RVU:</b> 1.11	<b>2016 NF PE RVU:</b> 1.63
				<b>2007 Fac PE RVU:</b> 0.4	<b>2016 Fac PE RVU:</b> 0.28
<b>RUC Recommendation:</b> 1.10			<b>Referred to CPT</b>	<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>11750</b>	<b>Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;</b>	<b>Global:</b> 010	<b>Issue:</b> Excision of Nail Bed - HCPAC	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent</b>	<b>Tab</b> 26	<b>Specialty Developing</b>		<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 207,247
<b>RUC Meeting:</b> September 2014		<b>Recommendation:</b>		<b>2007 Work RVU:</b> 2.40	<b>2016 Work RVU:</b> 1.58
				<b>2007 NF PE RVU:</b> 2.37	<b>2016 NF PE RVU:</b> 3.40
				<b>2007 Fac PE RVU:</b> 1.79	<b>2016 Fac PE RVU:</b> 2.30
<b>RUC Recommendation:</b> 1.99			<b>Referred to CPT</b>	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>11752</b>	<b>Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx</b>	<b>Global:</b> 010	<b>Issue:</b> Excision of Nail Bed - HCPAC	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent</b>	<b>Tab</b> 28	<b>Specialty Developing</b>		<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 1,427
<b>RUC Meeting:</b> January 2015		<b>Recommendation:</b>		<b>2007 Work RVU:</b> 3.48	<b>2016 Work RVU:</b> 3.63
				<b>2007 NF PE RVU:</b> 3.28	<b>2016 NF PE RVU:</b> 5.16
				<b>2007 Fac PE RVU:</b> 2.95	<b>2016 Fac PE RVU:</b> 3.46
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2015	<b>Result:</b> Deleted from CPT	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11900</b>	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	2015e Medicare Utilization: 206,160	2007 Work RVU: 0.52 2007 NF PE RVU: 0.72 2007 Fac PE RVU: 0.22 Result: Maintain	2016 Work RVU: 0.52 2016 NF PE RVU: 0.98 2016 Fac PE RVU: 0.31
RUC Recommendation: 0.52		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<b>11901</b>	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	2015e Medicare Utilization: 61,975	2007 Work RVU: 0.80 2007 NF PE RVU: 0.75 2007 Fac PE RVU: 0.37 Result: Maintain	2016 Work RVU: 0.80 2016 NF PE RVU: 1.07 2016 Fac PE RVU: 0.49
RUC Recommendation: 0.80		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<b>11980</b>	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	2015e Medicare Utilization: 30,002	2007 Work RVU: 1.48 2007 NF PE RVU: 1.1 2007 Fac PE RVU: 0.55 Result: Decrease	2016 Work RVU: 1.10 2016 NF PE RVU: 1.44 2016 Fac PE RVU: 0.39
RUC Recommendation: 1.10		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<b>11981</b>	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	2015e Medicare Utilization: 12,274	2007 Work RVU: 1.48 2007 NF PE RVU: 1.76 2007 Fac PE RVU: 0.66 Result: Remove from Screen	2016 Work RVU: 1.48 2016 NF PE RVU: 2.26 2016 Fac PE RVU: 0.64
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11982</b>	Removal, non-biodegradable drug delivery implant			<b>Global:</b> XXX	<b>Issue:</b> Drug Implant	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent</b>	<b>Tab</b> 57	<b>Specialty Developing</b>	AUA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b>
<b>RUC Meeting:</b>	April 2008	<b>Recommendation:</b>		February 2008	3,752	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b>
						<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b>	Remove from screen			<b>Referred to CPT</b>		<b>Result:</b>	Remove from Screen
				<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>11983</b>	Removal with reinsertion, non-biodegradable drug delivery implant			<b>Global:</b> XXX	<b>Issue:</b> Drug Implant	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent</b>	<b>Tab</b> 57	<b>Specialty Developing</b>	AUA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b>
<b>RUC Meeting:</b>	April 2008	<b>Recommendation:</b>		June 2008	2,560	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b>
						<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b>	Remove from screen			<b>Referred to CPT</b>		<b>Result:</b>	Remove from Screen
				<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>12001</b>	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less			<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent</b>	<b>Tab</b> 32	<b>Specialty Developing</b>	ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b>
<b>RUC Meeting:</b>	April 2010	<b>Recommendation:</b>		October 2009	181,916	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b>
						<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b>	0.84			<b>Referred to CPT</b>		<b>Result:</b>	Decrease
				<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>12002</b>	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			<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent</b>	<b>Tab</b> 32	<b>Specialty Developing</b>	ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b>
<b>RUC Meeting:</b>	April 2010	<b>Recommendation:</b>		October 2009	141,992	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b>
						<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b>	1.14			<b>Referred to CPT</b>		<b>Result:</b>	Decrease
				<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>12004</b>	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	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 22,458	<b>2007 Work RVU:</b> 2.26 <b>2007 NF PE RVU:</b> 2.26 <b>2007 Fac PE RVU:</b> 0.99 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.44			<b>Referred to CPT</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>12005</b>	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	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 6,101	<b>2007 Work RVU:</b> 2.88 <b>2007 NF PE RVU:</b> 2.75 <b>2007 Fac PE RVU:</b> 1.17 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.97			<b>Referred to CPT</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>12006</b>	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	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 1,228	<b>2007 Work RVU:</b> 3.68 <b>2007 NF PE RVU:</b> 3.3 <b>2007 Fac PE RVU:</b> 1.46 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.39			<b>Referred to CPT</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>12007</b>	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 541	<b>2007 Work RVU:</b> 4.13 <b>2007 NF PE RVU:</b> 3.71 <b>2007 Fac PE RVU:</b> 1.73 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.90			<b>Referred to CPT</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>



# Status Report: CMS Requests and Relativity Assessment Issues

<b>12011</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 86,781	<b>2007 Work RVU:</b> 1.78 <b>2007 NF PE RVU:</b> 2.07 <b>2007 Fac PE RVU:</b> 0.78 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.07			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.07 <b>2016 NF PE RVU:</b> 1.87 <b>2016 Fac PE RVU:</b> 0.36
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<b>12013</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 49,950	<b>2007 Work RVU:</b> 2.01 <b>2007 NF PE RVU:</b> 2.22 <b>2007 Fac PE RVU:</b> 0.92 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.22			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.22 <b>2016 NF PE RVU:</b> 1.84 <b>2016 Fac PE RVU:</b> 0.27
<hr/>					
<b>12014</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 6,599	<b>2007 Work RVU:</b> 2.48 <b>2007 NF PE RVU:</b> 2.5 <b>2007 Fac PE RVU:</b> 1.04 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.57			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.57 <b>2016 NF PE RVU:</b> 1.99 <b>2016 Fac PE RVU:</b> 0.35
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<b>12015</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 3,233	<b>2007 Work RVU:</b> 3.21 <b>2007 NF PE RVU:</b> 3.04 <b>2007 Fac PE RVU:</b> 1.22 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.98			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.98 <b>2016 NF PE RVU:</b> 2.32 <b>2016 Fac PE RVU:</b> 0.44



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>12016</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 494	<b>2007 Work RVU:</b> 3.94 <b>2007 NF PE RVU:</b> 3.45 <b>2007 Fac PE RVU:</b> 1.47 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.68			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.68 <b>2016 NF PE RVU:</b> 2.74 <b>2016 Fac PE RVU:</b> 0.61

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<b>12017</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 78	<b>2007 Work RVU:</b> 4.72 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.79 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.18			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 3.18 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 0.72

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<b>12018</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 27	<b>2007 Work RVU:</b> 5.54 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.19 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.61			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 3.61 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 0.82

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>12031</b>	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	2015e Medicare Utilization: 57,791	2007 Work RVU: 2.17 2007 NF PE RVU: 2.69 2007 Fac PE RVU: 1.17 2016 Work RVU: 2.00 2016 NF PE RVU: 4.41 2016 Fac PE RVU: 2.10
RUC Recommendation: 2.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
<b>12032</b>	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	2015e Medicare Utilization: 238,237	2007 Work RVU: 2.49 2007 NF PE RVU: 4.19 2007 Fac PE RVU: 1.92 2016 Work RVU: 2.52 2016 NF PE RVU: 5.70 2016 Fac PE RVU: 2.71
RUC Recommendation: 2.52			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
<b>12034</b>	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	2015e Medicare Utilization: 22,705	2007 Work RVU: 2.94 2007 NF PE RVU: 3.54 2007 Fac PE RVU: 1.59 2016 Work RVU: 2.97 2016 NF PE RVU: 5.40 2016 Fac PE RVU: 2.50
RUC Recommendation: 2.97			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>12035</b>	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	2015e Medicare Utilization: 4,415	2007 Work RVU: 3.44 2007 NF PE RVU: 5.21 2007 Fac PE RVU: 2.14 2016 Work RVU: 3.50 2016 NF PE RVU: 6.78 2016 Fac PE RVU: 2.82
RUC Recommendation: 3.60			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
<b>12036</b>	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	2015e Medicare Utilization: 990	2007 Work RVU: 4.06 2007 NF PE RVU: 5.51 2007 Fac PE RVU: 2.47 2016 Work RVU: 4.23 2016 NF PE RVU: 6.99 2016 Fac PE RVU: 3.04
RUC Recommendation: 4.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
<b>12037</b>	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	2015e Medicare Utilization: 497	2007 Work RVU: 4.68 2007 NF PE RVU: 6.05 2007 Fac PE RVU: 2.88 2016 Work RVU: 5.00 2016 NF PE RVU: 7.69 2016 Fac PE RVU: 3.51
RUC Recommendation: 5.25			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase

# Status Report: CMS Requests and Relativity Assessment Issues

<b>12041</b>	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 19,079	<b>2007 Work RVU:</b> 2.39 <b>2007 NF PE RVU:</b> 2.87 <b>2007 Fac PE RVU:</b> 1.29 <b>2016 Work RVU:</b> 2.10 <b>2016 NF PE RVU:</b> 4.31 <b>2016 Fac PE RVU:</b> 1.92
<b>RUC Recommendation:</b> 2.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>12042</b>	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 48,091	<b>2007 Work RVU:</b> 2.76 <b>2007 NF PE RVU:</b> 3.57 <b>2007 Fac PE RVU:</b> 1.63 <b>2016 Work RVU:</b> 2.79 <b>2016 NF PE RVU:</b> 4.99 <b>2016 Fac PE RVU:</b> 2.56
<b>RUC Recommendation:</b> 2.79			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<b>12044</b>	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 2,010	<b>2007 Work RVU:</b> 3.16 <b>2007 NF PE RVU:</b> 3.74 <b>2007 Fac PE RVU:</b> 1.69 <b>2016 Work RVU:</b> 3.19 <b>2016 NF PE RVU:</b> 6.53 <b>2016 Fac PE RVU:</b> 2.51
<b>RUC Recommendation:</b> 3.19			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>12045</b>	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 333	<b>2007 Work RVU:</b> 3.65 <b>2007 NF PE RVU:</b> 5.21 <b>2007 Fac PE RVU:</b> 2.23 <b>2016 Work RVU:</b> 3.75 <b>2016 NF PE RVU:</b> 7.10 <b>2016 Fac PE RVU:</b> 3.42
<b>RUC Recommendation:</b> 3.90			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>12046</b>	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 74	<b>2007 Work RVU:</b> 4.26 <b>2007 NF PE RVU:</b> 6.28 <b>2007 Fac PE RVU:</b> 2.64 <b>2016 Work RVU:</b> 4.30 <b>2016 NF PE RVU:</b> 8.27 <b>2016 Fac PE RVU:</b> 3.62
<b>RUC Recommendation:</b> 4.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>12047</b>	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 42	<b>2007 Work RVU:</b> 4.66 <b>2007 NF PE RVU:</b> 6.3 <b>2007 Fac PE RVU:</b> 2.95 <b>2016 Work RVU:</b> 4.95 <b>2016 NF PE RVU:</b> 8.78 <b>2016 Fac PE RVU:</b> 3.96
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase

## Status Report: CMS Requests and Relativity Assessment Issues

<b>12051</b>	<b>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 57,100	<b>2007 Work RVU:</b> 2.49 <b>2007 NF PE RVU:</b> 3.48 <b>2007 Fac PE RVU:</b> 1.57 <b>2016 Work RVU:</b> 2.33 <b>2016 NF PE RVU:</b> 4.65 <b>2016 Fac PE RVU:</b> 2.26
<b>RUC Recommendation:</b> 2.33			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>12052</b>	<b>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 77,011	<b>2007 Work RVU:</b> 2.81 <b>2007 NF PE RVU:</b> 3.64 <b>2007 Fac PE RVU:</b> 1.72 <b>2016 Work RVU:</b> 2.87 <b>2016 NF PE RVU:</b> 5.06 <b>2016 Fac PE RVU:</b> 2.57
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen
<b>12053</b>	<b>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 9,074	<b>2007 Work RVU:</b> 3.14 <b>2007 NF PE RVU:</b> 3.77 <b>2007 Fac PE RVU:</b> 1.68 <b>2016 Work RVU:</b> 3.17 <b>2016 NF PE RVU:</b> 6.16 <b>2016 Fac PE RVU:</b> 2.62
<b>RUC Recommendation:</b> 3.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>12054</b>	<b>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 2,633	<b>2007 Work RVU:</b> 3.47 <b>2007 NF PE RVU:</b> 4.02 <b>2007 Fac PE RVU:</b> 1.74 <b>2016 Work RVU:</b> 3.50 <b>2016 NF PE RVU:</b> 6.22 <b>2016 Fac PE RVU:</b> 2.39
<b>RUC Recommendation:</b> 3.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<b>12055</b>	<b>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 350	<b>2007 Work RVU:</b> 4.44 <b>2007 NF PE RVU:</b> 4.87 <b>2007 Fac PE RVU:</b> 2.13 <b>2016 Work RVU:</b> 4.50 <b>2016 NF PE RVU:</b> 8.11 <b>2016 Fac PE RVU:</b> 3.61
<b>RUC Recommendation:</b> 4.65			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<b>12056</b>	<b>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 58	<b>2007 Work RVU:</b> 5.25 <b>2007 NF PE RVU:</b> 6.62 <b>2007 Fac PE RVU:</b> 2.89 <b>2016 Work RVU:</b> 5.30 <b>2016 NF PE RVU:</b> 9.50 <b>2016 Fac PE RVU:</b> 4.80
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Increase	

# Status Report: CMS Requests and Relativity Assessment Issues

**12057** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:**

AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

**First Identified:** February 2010

**2015e Medicare Utilization:** 31

**2007 Work RVU:** 5.97

**2016 Work RVU:** 6.00

**2007 NF PE RVU:** 6.47

**2016 NF PE RVU:** 8.92

**2007 Fac PE RVU:** 3.53

**2016 Fac PE RVU:** 4.61

**RUC Recommendation:** 6.28

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

**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:**

**2015e Medicare Utilization:** 5,338

**2007 Work RVU:** 3.14

**2016 Work RVU:** 3.00

**2007 NF PE RVU:** 4.15

**2016 NF PE RVU:** 6.05

**2007 Fac PE RVU:** 2.35

**2016 Fac PE RVU:** 2.49

**RUC Recommendation:** 3.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 80,414

**2007 Work RVU:** 3.93

**2016 Work RVU:** 3.50

**2007 NF PE RVU:** 4.99

**2016 NF PE RVU:** 7.21

**2007 Fac PE RVU:** 2.77

**2016 Fac PE RVU:** 3.28

**RUC Recommendation:** 3.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 20,975

**2007 Work RVU:** 1.24

**2016 Work RVU:** 1.24

**2007 NF PE RVU:** 1.22

**2016 NF PE RVU:** 2.02

**2007 Fac PE RVU:** 0.57

**2016 Fac PE RVU:** 0.70

**RUC Recommendation:** 1.24

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2015e Medicare Utilization:** 9,993 **2007 Work RVU:** 3.32 **2016 Work RVU:** 3.23 **2007 NF PE RVU:** 4.26 **2016 NF PE RVU:** 6.23 **2007 Fac PE RVU:** 2.41 **2016 Fac PE RVU:** 3.09 **Result:** Decrease

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

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

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2015e Medicare Utilization:** 149,463 **2007 Work RVU:** 4.36 **2016 Work RVU:** 4.00 **2007 NF PE RVU:** 5.32 **2016 NF PE RVU:** 7.53 **2007 Fac PE RVU:** 3.02 **2016 Fac PE RVU:** 3.12 **Result:** Decrease

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

**13122** Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2015e Medicare Utilization:** 22,167 **2007 Work RVU:** 1.44 **2016 Work RVU:** 1.44 **2007 NF PE RVU:** 1.48 **2016 NF PE RVU:** 2.12 **2007 Fac PE RVU:** 0.63 **2016 Fac PE RVU:** 0.80 **Result:** Maintain

**RUC Recommendation:** 1.44 and CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016

**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 **2015e Medicare Utilization:** 37,243 **2007 Work RVU:** 3.80 **2016 Work RVU:** 3.73 **2007 NF PE RVU:** 4.53 **2016 NF PE RVU:** 6.67 **2007 Fac PE RVU:** 2.74 **2016 Fac PE RVU:** 2.93 **Result:** Decrease

**RUC Recommendation:** 3.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**13132** Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm      **Global:** 010      **Issue:** Complex Wound Repair      **Screen:** CMS Request      **Complete?** Yes

**Most Recent RUC Meeting:** April 2012      **Tab** 37      **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS      **First Identified:** September 2011      **2015e Medicare Utilization:** 250,428      **2007 Work RVU:** 6.48      **2016 Work RVU:** 4.78  
**2007 NF PE RVU:** 6.42      **2016 NF PE RVU:** 8.04  
**2007 Fac PE RVU:** 4.38      **2016 Fac PE RVU:** 3.59  
**Result:** Decrease

**RUC Recommendation:** 4.78      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** April 2012      **Tab** 37      **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS      **First Identified:** September 2011      **2015e Medicare Utilization:** 14,343      **2007 Work RVU:** 2.19      **2016 Work RVU:** 2.19  
**2007 NF PE RVU:** 1.72      **2016 NF PE RVU:** 2.56  
**2007 Fac PE RVU:** 1.02      **2016 Fac PE RVU:** 1.28  
**Result:** Maintain

**RUC Recommendation:** 2.19      **Referred to CPT**      **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      **2015e Medicare Utilization:**      **2007 Work RVU:** 3.82      **2016 Work RVU:**      **2007 NF PE RVU:** 4.83      **2016 NF PE RVU:**      **2007 Fac PE RVU:** 2.76      **2016 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2012      **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      **2015e Medicare Utilization:** 33,373      **2007 Work RVU:** 4.46      **2016 Work RVU:** 4.34  
**2007 NF PE RVU:** 4.99      **2016 NF PE RVU:** 7.02  
**2007 Fac PE RVU:** 3.17      **2016 Fac PE RVU:** 3.31  
**Result:** Decrease

**RUC Recommendation:** 4.34      **Referred to CPT**      **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	2015e Medicare Utilization: 50,723	2007 Work RVU: 6.34 2007 NF PE RVU: 6.42 2007 Fac PE RVU: 4.03 2016 Work RVU: 5.34 2016 NF PE RVU: 8.27 2016 Fac PE RVU: 3.92
RUC Recommendation:	5.34				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
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:	2015e Medicare Utilization: 1,021	2007 Work RVU: 2.38 2007 NF PE RVU: 1.96 2007 Fac PE RVU: 1.11 2016 Work RVU: 2.38 2016 NF PE RVU: 2.78 2016 Fac PE RVU: 1.35
RUC Recommendation:	2.38				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
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	2015e Medicare Utilization: 8,327	2007 Work RVU: 6.83 2007 NF PE RVU: 8.14 2007 Fac PE RVU: 5.63 2016 Work RVU: 6.37 2016 NF PE RVU: 10.31 2016 Fac PE RVU: 7.04
RUC Recommendation:	6.19				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

# 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

<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> ACS, AAD, ASPS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 8,819	<b>2007 Work RVU:</b> 9.60 <b>2007 NF PE RVU:</b> 9.86 <b>2007 Fac PE RVU:</b> 7.22 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 8.78 <b>2016 NF PE RVU:</b> 12.50 <b>2016 Fac PE RVU:</b> 8.54
<b>RUC Recommendation:</b> 8.58			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**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

<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> AAD, ASPS	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b> 19,034	<b>2007 Work RVU:</b> 7.66 <b>2007 NF PE RVU:</b> 8.98 <b>2007 Fac PE RVU:</b> 6.64 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 7.22 <b>2016 NF PE RVU:</b> 11.50 <b>2016 Fac PE RVU:</b> 8.01
<b>RUC Recommendation:</b> 7.02			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**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

<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> AAD, ASPS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 18,593	<b>2007 Work RVU:</b> 11.18 <b>2007 NF PE RVU:</b> 10.63 <b>2007 Fac PE RVU:</b> 8.41 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 9.72 <b>2016 NF PE RVU:</b> 13.61 <b>2016 Fac PE RVU:</b> 9.49
<b>RUC Recommendation:</b> 9.52			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**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

<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> AAD, ASPS, AAO-HNS	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b> 70,346	<b>2007 Work RVU:</b> 8.44 <b>2007 NF PE RVU:</b> 9.17 <b>2007 Fac PE RVU:</b> 7.17 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 8.60 <b>2016 NF PE RVU:</b> 11.86 <b>2016 Fac PE RVU:</b> 8.36
<b>RUC Recommendation:</b> 8.44			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# 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** **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2015e Medicare Utilization:** 43,481 **2007 Work RVU:** 12.67 **2016 Work RVU:** 10.83  
**RUC Meeting:** October 2008 **2007 NF PE RVU:** 11.37 **2016 NF PE RVU:** 14.45  
**2007 Fac PE RVU:** 8.88 **2016 Fac PE RVU:** 9.99  
**RUC Recommendation:** 10.63 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**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** **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2015e Medicare Utilization:** 91,870 **2007 Work RVU:** 9.07 **2016 Work RVU:** 9.23  
**RUC Meeting:** October 2008 **2007 NF PE RVU:** 9.02 **2016 NF PE RVU:** 11.58  
**2007 Fac PE RVU:** 7.39 **2016 Fac PE RVU:** 8.83  
**RUC Recommendation:** Maintain **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**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** **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2015e Medicare Utilization:** 28,474 **2007 Work RVU:** 13.67 **2016 Work RVU:** 11.48  
**RUC Meeting:** October 2008 **2007 NF PE RVU:** 12.45 **2016 NF PE RVU:** 15.74  
**2007 Fac PE RVU:** 9.72 **2016 Fac PE RVU:** 10.82  
**RUC Recommendation:** 11.25 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

**Most Recent** **Tab** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2015e Medicare Utilization:** **2007 Work RVU:** 13.26 **2016 Work RVU:**  
**RUC Meeting:** April 2009 **2007 NF PE RVU:** 11.77 **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 9.28 **2016 Fac PE RVU:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

## 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

**2015e Medicare Utilization:** 30,621

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

**RUC Recommendation:** 12.47

**Referred to CPT** February 2009

**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

**2015e Medicare Utilization:** 27,314

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

**RUC Recommendation:** 3.73

**Referred to CPT** February 2009

**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

**2015e Medicare Utilization:** 18,831

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

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

**Referred to CPT**

**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 **2015e Medicare Utilization:** 23,645

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

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

**Referred to CPT**

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

**15100** Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2015e Medicare Utilization:** 15,131

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

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

**Referred to CPT**

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

**15120** Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) **Global:** 090 **Issue:** Autograft **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2015e Medicare Utilization:** 10,162

**2007 Work RVU:** 10.96 **2016 Work RVU:** 10.15  
**2007 NF PE RVU:** 10.87 **2016 NF PE RVU:** 12.55  
**2007 Fac PE RVU:** 7.71 **2016 Fac PE RVU:** 8.34  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>15170</b>	<b>Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children</b>	<b>Global:</b> 090	<b>Issue:</b> Acellular Dermal Replacement	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> APMA, ASPS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b>	<b>2007 Work RVU:</b> 5.99	<b>2016 Work RVU:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 3.79	<b>2016 NF PE RVU:</b>
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 2.37	<b>2016 Fac PE RVU:</b>
				<b>Result:</b> Deleted from CPT	

<b>15171</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Acellular Dermal Replacement	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> APMA, ASPS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b>	<b>2007 Work RVU:</b> 1.55	<b>2016 Work RVU:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 0.68	<b>2016 NF PE RVU:</b>
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 0.6	<b>2016 Fac PE RVU:</b>
				<b>Result:</b> Deleted from CPT	

<b>15175</b>	<b>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</b>	<b>Global:</b> 090	<b>Issue:</b> Acellular Dermal Replacement	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> APMA, ASPS	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b>	
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2010	<b>2007 Work RVU:</b> 7.99	<b>2016 Work RVU:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 5.4	<b>2016 NF PE RVU:</b>
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 3.96	<b>2016 Fac PE RVU:</b>
				<b>Result:</b> Deleted from CPT	



## Status Report: CMS Requests and Relativity Assessment Issues

<b>15176</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Acellular Dermal Replacement	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> February 2010	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> APMA, ASPS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.45 <b>2007 NF PE RVU:</b> 1.1 <b>2007 Fac PE RVU:</b> 0.95 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>15220</b>	<b>Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less</b>	<b>Global:</b> 090	<b>Issue:</b> Skin Graft	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AAO-HNS, ASPS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 8,928	<b>2007 Work RVU:</b> 7.95 <b>2007 NF PE RVU:</b> 9.5 <b>2007 Fac PE RVU:</b> 6.69 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 8.09 <b>2016 NF PE RVU:</b> 12.62 <b>2016 Fac PE RVU:</b> 8.35
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>15240</b>	<b>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</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> ASPS, AAD	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 13,126	<b>2007 Work RVU:</b> 10.15 <b>2007 NF PE RVU:</b> 10.66 <b>2007 Fac PE RVU:</b> 8.2 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 10.41 <b>2016 NF PE RVU:</b> 14.65 <b>2016 Fac PE RVU:</b> 11.10
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 4.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

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**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

**2015e Medicare Utilization:** 70,397

**2007 Work RVU:**

**2016 Work RVU:** 1.50

**2007 NF PE RVU:**

**2016 NF PE RVU:** 2.29

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.73

**RUC Recommendation:** 1.50

**Referred to CPT** February 2011

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

**Result:** Decrease

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**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

**2015e Medicare Utilization:** 8,377

**2007 Work RVU:**

**2016 Work RVU:** 0.33

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.39

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.12

**RUC Recommendation:** 0.59

**Referred to CPT** February 2011

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

**Result:** Decrease

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**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

**2015e Medicare Utilization:** 4,078

**2007 Work RVU:**

**2016 Work RVU:** 3.50

**2007 NF PE RVU:**

**2016 NF PE RVU:** 4.32

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.69

**RUC Recommendation:** 3.50

**Referred to CPT** February 2011

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

**Result:** Decrease

## 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

**2015e Medicare Utilization:** 22,965

**2007 Work RVU:**

**2016 Work RVU:** 0.80

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.07

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.36

**Result:** Decrease

**RUC Recommendation:** 0.80

**Referred to CPT** February 2011

**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

**2015e Medicare Utilization:** 82,093

**2007 Work RVU:**

**2016 Work RVU:** 1.83

**2007 NF PE RVU:**

**2016 NF PE RVU:** 2.22

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.74

**Result:** Decrease

**RUC Recommendation:** 1.83

**Referred to CPT** February 2011

**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

**2015e Medicare Utilization:** 4,474

**2007 Work RVU:**

**2016 Work RVU:** 0.50

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.43

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.17

**Result:** Decrease

**RUC Recommendation:** 0.59

**Referred to CPT** February 2011

**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

**2015e Medicare Utilization:** 1,249

**2007 Work RVU:**

**2016 Work RVU:** 4.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 4.55

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.85

**Result:** Decrease

**RUC Recommendation:** 4.00

**Referred to CPT** February 2011

**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

**2015e Medicare Utilization:** 2,448

**2007 Work RVU:**

**2016 Work RVU:** 1.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.24

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.46

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** February 2011

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 5.36

**2016 Work RVU:**

**2007 NF PE RVU:** 3.66

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 2.49

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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 **2015e Medicare Utilization:**

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

**2007 Work RVU:** 1.50 **2016 Work RVU:**  
**2007 NF PE RVU:** 0.69 **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 0.57 **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**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 IWPOT **Complete?** Yes

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

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

**2007 Work RVU:** 3.99 **2016 Work RVU:**  
**2007 NF PE RVU:** 3.18 **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 2.15 **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**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 **2015e Medicare Utilization:**

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

**2007 Work RVU:** 1.00 **2016 Work RVU:**  
**2007 NF PE RVU:** 0.46 **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 0.39 **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**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 **2015e Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 4.50 **2016 Work RVU:**  
**2007 NF PE RVU:** 3.46 **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 2.35 **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

# 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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 1.43

**2016 Work RVU:**

**2007 NF PE RVU:** 0.7

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.55

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 3.93

**2016 Work RVU:**

**2007 NF PE RVU:** 4.47

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 3.13

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 1.15

**2016 Work RVU:**

**2007 NF PE RVU:** 0.58

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.44

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 4.21

**2016 Work RVU:**

**2007 NF PE RVU:** 4.5

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 3.2

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 1.45

**2016 Work RVU:**

**2007 NF PE RVU:** 0.7

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.56

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 4.38

**2016 Work RVU:**

**2007 NF PE RVU:** 4.25

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 3.95

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to 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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 1.00

**2016 Work RVU:**

**2007 NF PE RVU:** 1.67

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.42

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to 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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 4.89

**2016 Work RVU:**

**2007 NF PE RVU:** 4.86

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 3.83

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.50

**2016 Work RVU:**

**2007 NF PE RVU:** 1.29

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.6

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**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

**2015e Medicare Utilization:** 419

**2007 Work RVU:** 10.00

**2016 Work RVU:** 10.21

**2007 NF PE RVU:** 11.09

**2016 NF PE RVU:** 14.21

**2007 Fac PE RVU:** 6.71

**2016 Fac PE RVU:** 9.28

**Result:** Maintain

**RUC Recommendation:** 10.00

**Referred to CPT**

**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

**2015e Medicare Utilization:** 643

**2007 Work RVU:** 9.94

**2016 Work RVU:** 10.12

**2007 NF PE RVU:** 9.59

**2016 NF PE RVU:** 13.63

**2007 Fac PE RVU:** 6.53

**2016 Fac PE RVU:** 9.77

**Result:** Maintain

**RUC Recommendation:** 9.94

**Referred to CPT**

**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

**2015e Medicare Utilization:** 1,829

**2007 Work RVU:** 10.52

**2016 Work RVU:** 10.70

**2007 NF PE RVU:** 10.64

**2016 NF PE RVU:** 13.76

**2007 Fac PE RVU:** 7.6

**2016 Fac PE RVU:** 9.77

**Result:** Maintain

**RUC Recommendation:** 10.52

**Referred to CPT**

**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 **2015e Medicare Utilization:** 4,085

**RUC Recommendation:** 9.24 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 9.24 **2016 Work RVU:** 9.37  
**2007 NF PE RVU:** 9.74 **2016 NF PE RVU:** 12.31  
**2007 Fac PE RVU:** 6.81 **2016 Fac PE RVU:** 8.62  
**Result:** Maintain

**15731** Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap) **Global:** 090 **Issue:** **Screen:** High Level E/M in Global Period **Complete?** No

**Most Recent RUC Meeting:** April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASPS **First Identified:** April 2016 **2015e Medicare Utilization:** 2,103

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 14.12 **2016 Work RVU:** 14.38  
**2007 NF PE RVU:** 12.13 **2016 NF PE RVU:** 15.74  
**2007 Fac PE RVU:** 9.56 **2016 Fac PE RVU:** 12.53  
**Result:**

**15732** Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae) **Global:** 090 **Issue:** Muscle Flaps **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** No

**Most Recent RUC Meeting:** April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2015e Medicare Utilization:** 11,418

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 19.70 **2016 Work RVU:** 16.38  
**2007 NF PE RVU:** 17.27 **2016 NF PE RVU:** 18.29  
**2007 Fac PE RVU:** 12.01 **2016 Fac PE RVU:** 13.67  
**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>15734</b>	Muscle, myocutaneous, or fasciocutaneous flap; trunk	<b>Global:</b> 090	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACS, ASPS	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 21,554	
<b>RUC Recommendation:</b> 23.00			<b>Referred to CPT</b>		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
				<b>2007 Work RVU:</b> 19.62	<b>2016 Work RVU:</b> 19.86
				<b>2007 NF PE RVU:</b> 17.58	<b>2016 NF PE RVU:</b> 19.48
				<b>2007 Fac PE RVU:</b> 12.32	<b>2016 Fac PE RVU:</b> 14.41
				<b>Result:</b> Increase	

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<b>15736</b>	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	<b>Global:</b> 090	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ASSH, ASPS	<b>First Identified:</b> January 2016	<b>2015e Medicare Utilization:</b> 1,384	
<b>RUC Recommendation:</b> 17.04			<b>Referred to CPT</b>		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
				<b>2007 Work RVU:</b> 16.92	<b>2016 Work RVU:</b> 17.04
				<b>2007 NF PE RVU:</b> 17.17	<b>2016 NF PE RVU:</b> 17.94
				<b>2007 Fac PE RVU:</b> 10.96	<b>2016 Fac PE RVU:</b> 12.93
				<b>Result:</b> Maintain	

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<b>15738</b>	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	<b>Global:</b> 090	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ASPS	<b>First Identified:</b> January 2016	<b>2015e Medicare Utilization:</b> 5,704	
<b>RUC Recommendation:</b> 19.04			<b>Referred to CPT</b>		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
				<b>2007 Work RVU:</b> 18.92	<b>2016 Work RVU:</b> 19.04
				<b>2007 NF PE RVU:</b> 17.04	<b>2016 NF PE RVU:</b> 17.85
				<b>2007 Fac PE RVU:</b> 11.45	<b>2016 Fac PE RVU:</b> 13.15
				<b>Result:</b> Maintain	

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## Status Report: CMS Requests and Relativity Assessment Issues

**15740** Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel **Global:** 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab 28** **Specialty Developing Recommendation:** AAD, ASPS

**First Identified:** September 2007

**2015e Medicare Utilization:** 2,122

**2007 Work RVU:** 11.57 **2016 Work RVU:** 11.80

**2007 NF PE RVU:** 11.01 **2016 NF PE RVU:** 15.55

**2007 Fac PE RVU:** 8.58 **2016 Fac PE RVU:** 11.07

**RUC Recommendation:** 11.57

**Referred to CPT** February 2009 & February 2012

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

**Result:** Maintain

**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

**2015e Medicare Utilization:** 7,816

**2007 Work RVU:** **2016 Work RVU:** 3.65

**2007 NF PE RVU:** **2016 NF PE RVU:** 1.87

**2007 Fac PE RVU:** **2016 Fac PE RVU:** 1.87

**RUC Recommendation:** 3.65

**Referred to CPT** February 2011

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 92,582

**2007 Work RVU:** 8.12 **2016 Work RVU:** 6.81

**2007 NF PE RVU:** 7.8 **2016 NF PE RVU:** 9.88

**2007 Fac PE RVU:** 6.41 **2016 Fac PE RVU:** 8.11

**RUC Recommendation:** 6.81

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>16020</b>	<b>Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)</b>	<b>Global:</b> 000	<b>Issue:</b> Dressings/ Debridement of Partial-Thickness Burns	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> ASPS, AAFP, AAPMR, ACS, AAP	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 15,299	<b>2007 Work RVU:</b> 0.80 <b>2007 NF PE RVU:</b> 1.25 <b>2007 Fac PE RVU:</b> 0.58 <b>2016 Work RVU:</b> 0.71 <b>2016 NF PE RVU:</b> 1.51 <b>2016 Fac PE RVU:</b> 0.75 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.80	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>			<b>Published in CPT Asst:</b>	

<b>16025</b>	<b>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)</b>	<b>Global:</b> 000	<b>Issue:</b> Dressings/ Debridement of Partial-Thickness Burns	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> ASPS, AAFP, AAPMR, ACS, AAP	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 1,839	<b>2007 Work RVU:</b> 1.85 <b>2007 NF PE RVU:</b> 1.72 <b>2007 Fac PE RVU:</b> 0.94 <b>2016 Work RVU:</b> 1.74 <b>2016 NF PE RVU:</b> 2.21 <b>2016 Fac PE RVU:</b> 1.21 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.85	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>			<b>Published in CPT Asst:</b>	

<b>16030</b>	<b>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)</b>	<b>Global:</b> 000	<b>Issue:</b> Dressings/ Debridement of Partial-Thickness Burns	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> ACEP, ASPS, AAFP, AAPMR, ACS, AAP	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 846	<b>2007 Work RVU:</b> 2.08 <b>2007 NF PE RVU:</b> 2.12 <b>2007 Fac PE RVU:</b> 1.08 <b>2016 Work RVU:</b> 2.08 <b>2016 NF PE RVU:</b> 2.87 <b>2016 Fac PE RVU:</b> 1.44
<b>RUC Recommendation:</b> CPT Assistant article published.	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>			<b>Published in CPT Asst:</b> Oct 2012	<b>Result:</b> Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>17000</b>	<b>Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion</b>	<b>Global:</b> 010	<b>Issue:</b> Destruction of Premalignant Lesions	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 5,550,459	<b>2007 Work RVU:</b> 0.62 <b>2007 NF PE RVU:</b> 1.08 <b>2007 Fac PE RVU:</b> 0.59 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.61 <b>2016 NF PE RVU:</b> 1.19 <b>2016 Fac PE RVU:</b> 0.82
<b>RUC Recommendation:</b> 0.61		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>17003</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Destruction of Premalignant Lesions	<b>Screen:</b> Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 17,763,744	<b>2007 Work RVU:</b> 0.07 <b>2007 NF PE RVU:</b> 0.11 <b>2007 Fac PE RVU:</b> 0.06 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.04 <b>2016 NF PE RVU:</b> 0.11 <b>2016 Fac PE RVU:</b> 0.02
<b>RUC Recommendation:</b> 0.04		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>17004</b>	<b>Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions</b>	<b>Global:</b> 010	<b>Issue:</b> Destruction of Premalignant Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 839,605	<b>2007 Work RVU:</b> 1.82 <b>2007 NF PE RVU:</b> 2.33 <b>2007 Fac PE RVU:</b> 1.54 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.37 <b>2016 NF PE RVU:</b> 2.69 <b>2016 Fac PE RVU:</b> 1.29
<b>RUC Recommendation:</b> 1.37		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**17106** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm **Global:** 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2015e Medicare Utilization:** 2,916 **2007 Work RVU:** 4.62 **2016 Work RVU:** 3.69 **2007 NF PE RVU:** 4.63 **2016 NF PE RVU:** 5.50 **2007 Fac PE RVU:** 3.33 **2016 Fac PE RVU:** 3.70 **RUC Recommendation:** 3.61 **Result:** Decrease

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

**17107** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm **Global:** 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2015e Medicare Utilization:** 952 **2007 Work RVU:** 9.19 **2016 Work RVU:** 4.79 **2007 NF PE RVU:** 7.24 **2016 NF PE RVU:** 6.87 **2007 Fac PE RVU:** 5.41 **2016 Fac PE RVU:** 4.49 **RUC Recommendation:** 4.68 **Result:** Decrease

**Referred to CPT**  
**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 **2015e Medicare Utilization:** 3,347 **2007 Work RVU:** 13.22 **2016 Work RVU:** 7.49 **2007 NF PE RVU:** 9.34 **2016 NF PE RVU:** 9.55 **2007 Fac PE RVU:** 7.49 **2016 Fac PE RVU:** 6.47 **RUC Recommendation:** 6.37 **Result:** Decrease

**Referred to CPT**  
**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 **2015e Medicare Utilization:** 1,988,477 **2007 Work RVU:** 0.67 **2016 Work RVU:** 0.70 **2007 NF PE RVU:** 1.66 **2016 NF PE RVU:** 2.35 **2007 Fac PE RVU:** 0.74 **2016 Fac PE RVU:** 1.21 **RUC Recommendation:** Remove from screen **Result:** Remove from Screen

**Referred to CPT**  
**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** **Tab** 18 **Specialty Developing Recommendation:**

**RUC Meeting:** October 2013

**First Identified:** April 2013

**2015e Medicare Utilization:** 99,565

**2007 Work RVU:** 0.94

**2016 Work RVU:** 0.97

**2007 NF PE RVU:** 1.83

**2016 NF PE RVU:** 2.62

**2007 Fac PE RVU:** 0.89

**2016 Fac PE RVU:** 1.36

**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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

**Most Recent** **Tab** 54 **Specialty Developing Recommendation:** AAFP, ACS, APMA

**RUC Meeting:** January 2016

**First Identified:** October 2015

**2015e Medicare Utilization:** 146,062

**2007 Work RVU:** 0.50

**2016 Work RVU:** 0.50

**2007 NF PE RVU:** 1.25

**2016 NF PE RVU:** 1.68

**2007 Fac PE RVU:** 0.35

**2016 Fac PE RVU:** 0.49

**Result:**

**RUC Recommendation:** Refer to CPT Editorial Panel and CPT Assistant.

**Referred to CPT** September 2016

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Sep 2016

**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** **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP

**RUC Meeting:** October 2010

**First Identified:** October 2009

**2015e Medicare Utilization:** 133,005

**2007 Work RVU:** 1.19

**2016 Work RVU:** 1.22

**2007 NF PE RVU:** 1.84

**2016 NF PE RVU:** 2.67

**2007 Fac PE RVU:** 0.9

**2016 Fac PE RVU:** 1.23

**Result:** Maintain

**RUC Recommendation:** 1.22

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>17262</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** October 2010

**Tab 26 Specialty Developing Recommendation:** AAD, AAFP

**First Identified:** February 2010

**2015e Medicare Utilization:** 257,243

**2007 Work RVU:** 1.60

**2016 Work RVU:** 1.63

**2007 NF PE RVU:** 2.13

**2016 NF PE RVU:** 3.09

**2007 Fac PE RVU:** 1.09

**2016 Fac PE RVU:** 1.48

**Result:** Maintain

**RUC Recommendation:** 1.63

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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<b>17271</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** October 2010

**Tab 26 Specialty Developing Recommendation:** AAD, AAFP

**First Identified:** February 2010

**2015e Medicare Utilization:** 54,208

**2007 Work RVU:** 1.51

**2016 Work RVU:** 1.54

**2007 NF PE RVU:** 2

**2016 NF PE RVU:** 2.86

**2007 Fac PE RVU:** 1.05

**2016 Fac PE RVU:** 1.42

**Result:** Maintain

**RUC Recommendation:** 1.54

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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<b>17272</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** October 2010

**Tab 26 Specialty Developing Recommendation:** AAD, AAFP

**First Identified:** February 2010

**2015e Medicare Utilization:** 82,715

**2007 Work RVU:** 1.79

**2016 Work RVU:** 1.82

**2007 NF PE RVU:** 2.24

**2016 NF PE RVU:** 3.19

**2007 Fac PE RVU:** 1.18

**2016 Fac PE RVU:** 1.60

**Result:** Maintain

**RUC Recommendation:** 1.82

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**17281** Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 26 Specialty Developing Recommendation:** AAD, AAFP

**First Identified:** February 2010

**2015e Medicare Utilization:** 105,591

**2007 Work RVU:** 1.74

**2016 Work RVU:** 1.77

**2007 NF PE RVU:** 2.12

**2016 NF PE RVU:** 3.01

**2007 Fac PE RVU:** 1.16

**2016 Fac PE RVU:** 1.56

**Result:** Maintain

**RUC Recommendation:** 1.77

**Referred to CPT**

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

**17282** Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 26 Specialty Developing Recommendation:** AAD, AAFP

**First Identified:** October 2009

**2015e Medicare Utilization:** 100,684

**2007 Work RVU:** 2.06

**2016 Work RVU:** 2.09

**2007 NF PE RVU:** 2.41

**2016 NF PE RVU:** 3.40

**2007 Fac PE RVU:** 1.31

**2016 Fac PE RVU:** 1.76

**Result:** Maintain

**RUC Recommendation:** 2.09

**Referred to CPT**

**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

**2015e Medicare Utilization:** 675,245

**2007 Work RVU:** 6.20

**2016 Work RVU:** 6.20

**2007 NF PE RVU:** 10.79

**2016 NF PE RVU:** 11.64

**2007 Fac PE RVU:** 3.16

**2016 Fac PE RVU:** 3.78

**Result:** Maintain

**RUC Recommendation:** 6.20

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>17312</b> 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)	<b>Global:</b> ZZZ	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 18 Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 467,893	<b>2007 Work RVU:</b> 3.30 <b>2016 Work RVU:</b> 3.30 <b>2007 NF PE RVU:</b> 6.92 <b>2016 NF PE RVU:</b> 7.22 <b>2007 Fac PE RVU:</b> 1.68 <b>2016 Fac PE RVU:</b> 2.02 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 3.30	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>17313</b> 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	<b>Global:</b> 000	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 18 Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 99,126	<b>2007 Work RVU:</b> 5.56 <b>2016 Work RVU:</b> 5.56 <b>2007 NF PE RVU:</b> 9.95 <b>2016 NF PE RVU:</b> 11.16 <b>2007 Fac PE RVU:</b> 2.83 <b>2016 Fac PE RVU:</b> 3.39 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 5.56	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>17314</b> 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)	<b>Global:</b> ZZZ	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 18 Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 47,588	<b>2007 Work RVU:</b> 3.06 <b>2016 Work RVU:</b> 3.06 <b>2007 NF PE RVU:</b> 6.41 <b>2016 NF PE RVU:</b> 7.06 <b>2007 Fac PE RVU:</b> 1.55 <b>2016 Fac PE RVU:</b> 1.87 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 3.06	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>17315</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 19,904	<b>2007 Work RVU:</b> 0.87 <b>2007 NF PE RVU:</b> 1.15 <b>2007 Fac PE RVU:</b> 0.44 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.87 <b>2016 NF PE RVU:</b> 1.27 <b>2016 Fac PE RVU:</b> 0.53
<b>RUC Recommendation:</b> 0.87		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>19020</b>	Mastotomy with exploration or drainage of abscess, deep	<b>Global:</b> 090	<b>Issue:</b> Mastotomy	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,891	<b>2007 Work RVU:</b> 3.74 <b>2007 NF PE RVU:</b> 6.39 <b>2007 Fac PE RVU:</b> 2.76 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 3.83 <b>2016 NF PE RVU:</b> 8.75 <b>2016 Fac PE RVU:</b> 4.08
<b>RUC Recommendation:</b> Reduce 99238 to 0.5, remove hospital visits		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>19081</b>	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	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 57,393	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 3.29 <b>2016 NF PE RVU:</b> 15.99 <b>2016 Fac PE RVU:</b> 1.21
<b>RUC Recommendation:</b> 3.29		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)		Global: ZZZ	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015e Medicare Utilization: 3,871	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 1.65 2016 NF PE RVU: 14.41 2016 Fac PE RVU: 0.61
RUC Recommendation: 1.65			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance		Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015e Medicare Utilization: 108,434	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 3.10 2016 NF PE RVU: 15.58 2016 Fac PE RVU: 1.15
RUC Recommendation: 3.10			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 12,337	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 1.55 2016 NF PE RVU: 13.91 2016 Fac PE RVU: 0.57
RUC Recommendation: 1.55			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04 Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015e Medicare Utilization: 4,441	2007 Work RVU: 3.64 2007 NF PE RVU: 25.17 2007 Fac PE RVU: 1.35 Result: Decrease	2016 Work RVU: 3.64 2016 NF PE RVU: 25.17 2016 Fac PE RVU: 1.35
RUC Recommendation: 3.64		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04 Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2015e Medicare Utilization: 813	2007 Work RVU: 1.82 2007 NF PE RVU: 21.14 2007 Fac PE RVU: 0.68 Result: Decrease	2016 Work RVU: 1.82 2016 NF PE RVU: 21.14 2016 Fac PE RVU: 0.68
RUC Recommendation: 1.82		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> 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	2015e Medicare Utilization:	2007 Work RVU: 2.00 2007 NF PE RVU: 3.68 2007 Fac PE RVU: 0.64 Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>19103</b>	<b>Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> 11.01 <b>2007 Fac PE RVU:</b> 1.18 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2016 Work RVU:</b>	<b>2016 NF PE RVU:</b>	<b>2016 Fac PE RVU:</b>			
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<b>19281</b>	<b>Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 30,960	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.00			<b>Referred to CPT</b> October 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2016 Work RVU:</b>	<b>2016 NF PE RVU:</b>	<b>2016 Fac PE RVU:</b>			
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<b>19282</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 2,572	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> October 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2016 Work RVU:</b>	<b>2016 NF PE RVU:</b>	<b>2016 Fac PE RVU:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>19283</b>	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 3,764	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 2.00 <b>2016 NF PE RVU:</b> 5.43 <b>2016 Fac PE RVU:</b> 0.74
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>19284</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 387	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.00 <b>2016 NF PE RVU:</b> 4.64 <b>2016 Fac PE RVU:</b> 0.37
<b>RUC Recommendation:</b> 1.00		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>19285</b>	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 19,501	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.70 <b>2016 NF PE RVU:</b> 12.72 <b>2016 Fac PE RVU:</b> 0.63
<b>RUC Recommendation:</b> 1.70		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**19286** Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Breast Biopsy

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 04

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

**First Identified:** January 2012

**2015e Medicare Utilization:** 1,321

**2007 Work RVU:**

**2016 Work RVU:** 0.85

**2007 NF PE RVU:**

**2016 NF PE RVU:** 11.87

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.31

**RUC Recommendation:** 0.85

**Referred to CPT** October 2012

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 298

**2007 Work RVU:**

**2016 Work RVU:** 2.55

**2007 NF PE RVU:**

**2016 NF PE RVU:** 21.58

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.95

**RUC Recommendation:** 3.02

**Referred to CPT** October 2012

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 76

**2007 Work RVU:**

**2016 Work RVU:** 1.28

**2007 NF PE RVU:**

**2016 NF PE RVU:** 18.27

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.48

**RUC Recommendation:** 1.51

**Referred to CPT** October 2012

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

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

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

# Status Report: CMS Requests and Relativity Assessment Issues

**19303** Mastectomy, simple, complete

**Global:** 090

**Issue:** Mastectomy

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 15

**Specialty Developing Recommendation:** ACS, ASBS

**First Identified:** October 2015

**2015e Medicare Utilization:** 23,827

**2007 Work RVU:** 15.67

**2016 Work RVU:** 15.85

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 5.52

**2016 Fac PE RVU:** 9.53

**Result:** Decrease

**RUC Recommendation:** 15.00

**Referred to CPT**

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

**19318** Reduction mammoplasty

**Global:** 090

**Issue:** Mammoplasty

**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

**2015e Medicare Utilization:** 7,341

**2007 Work RVU:** 15.91

**2016 Work RVU:** 16.03

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 10.94

**2016 Fac PE RVU:** 13.20

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

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

**Global:** 090

**Issue:** Insertion of Breast Prosthesis

**Screen:** CMS Request

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 10

**Specialty Developing Recommendation:** ASPS

**First Identified:**

**2015e Medicare Utilization:** 3,892

**2007 Work RVU:** 6.32

**2016 Work RVU:** 13.99

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.07

**2016 Fac PE RVU:** 12.71

**Result:** Decrease

**RUC Recommendation:** 13.99

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**19357** Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion

**Global:** 090

**Issue:** Breast Reconstruction

**Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 52

**Specialty Developing Recommendation:** ASPS

**First Identified:** September 2007

**2015e Medicare Utilization:** 7,331

**2007 Work RVU:** 20.57

**2016 Work RVU:** 18.50

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 15.69

**2016 Fac PE RVU:** 21.97

**Result:** Decrease

**RUC Recommendation:** 18.50

**Referred to CPT** October 2009

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

**20000** Deleted from CPT

**Global:** 010

**Issue:** Incision of Abscess

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 2.14

**2016 Work RVU:**

**2007 NF PE RVU:** 2.71

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 1.68

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2009

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

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

**Global:** 010

**Issue:** Incision of Deep Abscess

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab** 16

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

**First Identified:** September 2007

**2015e Medicare Utilization:** 3,935

**2007 Work RVU:** 3.55

**2016 Work RVU:** 3.58

**2007 NF PE RVU:** 3.54

**2016 NF PE RVU:** 4.69

**2007 Fac PE RVU:** 2.2

**2016 Fac PE RVU:** 2.57

**Result:** Maintain

**RUC Recommendation:** 3.55

**Referred to CPT** June 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>20240</b>	<b>Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)</b>	<b>Global:</b> 010	<b>Issue:</b> Bone Biopsy Excisional	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAOS, APMA	<b>First Identified:</b> April 2014	<b>2015e Medicare Utilization:</b> 3,197	<b>2007 Work RVU:</b> 3.25 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.44 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 3.73			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.61 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.48

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<b>20245</b>	<b>Biopsy, bone, open; deep (eg, humerus, ischium, femur)</b>	<b>Global:</b> 010	<b>Issue:</b> Bone Biopsy Excisional	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 3,437	<b>2007 Work RVU:</b> 8.77 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.38 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.50			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 8.95 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.42

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<b>20525</b>	<b>Removal of foreign body in muscle or tendon sheath; deep or complicated</b>	<b>Global:</b> 010	<b>Issue:</b> Removal of Foreign Body	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> ACS, AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,921	<b>2007 Work RVU:</b> 3.51 <b>2007 NF PE RVU:</b> 8.62 <b>2007 Fac PE RVU:</b> 2.52 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 3.54 <b>2016 NF PE RVU:</b> 9.59 <b>2016 Fac PE RVU:</b> 3.00

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>20550</b> Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		<b>Global:</b> 000		<b>Issue:</b> Injection of Tendon		<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes2		<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2016		<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> AAOS, AAPM&R, ACRh, APMA, ASSH	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 811,167	<b>2007 Work RVU:</b> 0.75	<b>2016 Work RVU:</b> 0.75	<b>2007 NF PE RVU:</b> 0.69	<b>2016 NF PE RVU:</b> 0.84
<b>RUC Recommendation:</b> 0.75		<b>Referred to CPT</b>		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		<b>Result:</b> Maintain	
<b>20551</b> Injection(s); single tendon origin/insertion		<b>Global:</b> 000		<b>Issue:</b> RAW		<b>Screen:</b> CMS Fastest Growing		<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> September 2011		<b>Tab</b> 51	<b>Specialty Developing Recommendation:</b> APMA, AAPM, AAOS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 169,509	<b>2007 Work RVU:</b> 0.75	<b>2016 Work RVU:</b> 0.75	<b>2007 NF PE RVU:</b> 0.67	<b>2016 NF PE RVU:</b> 0.89
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b>		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		<b>Result:</b> Remove from Screen	
<b>20552</b> Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)		<b>Global:</b> 000		<b>Issue:</b>		<b>Screen:</b> CMS High Expenditure Procedural Codes2		<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2016		<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAPM&R, ACRh, ASA	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 341,249	<b>2007 Work RVU:</b> 0.66	<b>2016 Work RVU:</b> 0.66	<b>2007 NF PE RVU:</b> 0.69	<b>2016 NF PE RVU:</b> 0.84
<b>RUC Recommendation:</b> 0.66		<b>Referred to CPT</b>		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		<b>Result:</b> Maintain	

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Global:** 000

**Issue:**

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 28

**Specialty Developing  
Recommendation:** AAPM&R,  
ACRrh, ASA

**First  
Identified:** July 2015

**2015e  
Medicare  
Utilization:** 288,265

**2007 Work RVU:** 0.75

**2016 Work RVU:** 0.75

**2007 NF PE RVU:** 0.78

**2016 NF PE RVU:** 0.98

**2007 Fac PE RVU:** 0.23

**2016 Fac PE RVU:** 0.41

**Result:** Maintain

**RUC Recommendation:** 0.75

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**20600** Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes);  
without ultrasound guidance

**Global:** 000

**Issue:** Arthrocentesis

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2014

**Tab** 04

**Specialty Developing  
Recommendation:** AAFF, AAOS,  
ACR, ACRh,  
APMA, ASSH

**First  
Identified:** February 2010

**2015e  
Medicare  
Utilization:** 411,398

**2007 Work RVU:** 0.66

**2016 Work RVU:** 0.66

**2007 NF PE RVU:** 0.66

**2016 NF PE RVU:** 0.63

**2007 Fac PE RVU:** 0.34

**2016 Fac PE RVU:** 0.29

**Result:** Maintain

**RUC Recommendation:** 0.66 and new PE inputs

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**20604** Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes);  
with ultrasound guidance, with permanent recording and reporting

**Global:** 000

**Issue:** Arthrocentesis

**Screen:** CMS Request - Final  
Rule for 2014

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2014

**Tab** 04

**Specialty Developing  
Recommendation:** AAFF, AAOS,  
ACR, ACRh,  
APMA, ASSH

**First  
Identified:** July 2013

**2015e  
Medicare  
Utilization:** 27,696

**2007 Work RVU:**

**2016 Work RVU:** 0.89

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.07

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.33

**Result:** Decrease

**RUC Recommendation:** 0.89

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>20605</b>	<b>Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRh, APMA, ASSH	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 483,566	<b>2007 Work RVU:</b> 0.68 <b>2007 NF PE RVU:</b> 0.76 <b>2007 Fac PE RVU:</b> 0.35 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.68 and new PE inputs			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>20606</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRh, APMA, ASSH	<b>First Identified:</b> July 2013	<b>2015e Medicare Utilization:</b> 41,815	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>20610</b>	<b>Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRh, APMA, ASSH	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 6,375,516	<b>2007 Work RVU:</b> 0.79 <b>2007 NF PE RVU:</b> 0.98 <b>2007 Fac PE RVU:</b> 0.42 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.79 and new PE inputs			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>20611</b>	<b>Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRh, APMA, ASSH	<b>First Identified:</b> July 2013	<b>2015e Medicare Utilization:</b> 832,142	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.10 <b>2016 NF PE RVU:</b> 1.35 <b>2016 Fac PE RVU:</b> 0.51
<b>RUC Recommendation:</b> 1.10	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>				
<b>20680</b>	<b>Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AAOS, APMA	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 54,914	<b>2007 Work RVU:</b> 5.90 <b>2007 NF PE RVU:</b> 8.63 <b>2007 Fac PE RVU:</b> 3.82 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 5.96 <b>2016 NF PE RVU:</b> 10.76 <b>2016 Fac PE RVU:</b> 5.24
<b>RUC Recommendation:</b> 5.96 and adjustments to pre-service time package 3.	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>				
<b>20692</b>	<b>Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 2,441	<b>2007 Work RVU:</b> 6.40 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.65 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 16.27 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 13.18
<b>RUC Recommendation:</b> Maintain	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>				
<b>20694</b>	<b>Removal, under anesthesia, of external fixation system</b>	<b>Global:</b> 090	<b>Issue:</b> External Fixation	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 5,528	<b>2007 Work RVU:</b> 4.20 <b>2007 NF PE RVU:</b> 6.69 <b>2007 Fac PE RVU:</b> 3.92 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 4.28 <b>2016 NF PE RVU:</b> 7.08 <b>2016 Fac PE RVU:</b> 4.64
<b>RUC Recommendation:</b> Reduce 99238 to 0.5	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>				



# Status Report: CMS Requests and Relativity Assessment Issues

**20900** Bone graft, any donor area; minor or small (eg, dowel or button) **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2015e Medicare Utilization:** 3,702

**RUC Recommendation:** 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 5.77 **2016 Work RVU:** 3.00  
**2007 NF PE RVU:** 8.65 **2016 NF PE RVU:** 8.42  
**2007 Fac PE RVU:** 5.5 **2016 Fac PE RVU:** 1.95  
**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 **2015e Medicare Utilization:** 4,319

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

**2007 Work RVU:** 7.98 **2016 Work RVU:** 4.58  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.63 **2016 Fac PE RVU:** 2.82  
**Result:** Decrease

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

**Most Recent RUC Meeting:** February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AAO-HNS, AANS **First Identified:** October 2008 **2015e Medicare Utilization:** 13,526

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

**2007 Work RVU:** 5.70 **2016 Work RVU:** 5.79  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.67 **2016 Fac PE RVU:** 5.44  
**Result:** Remove from Screen

**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 **2015e Medicare Utilization:** 858

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

**2007 Work RVU:** 5.59 **2016 Work RVU:** 9.89  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.85 **2016 Fac PE RVU:** 8.84  
**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**21025** Excision of bone (eg, for osteomyelitis or bone abscess); mandible

**Global:** 090

**Issue:** Excision of Bone – Mandible

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 61

**Specialty Developing Recommendation:** AAOMS

**First Identified:** September 2007

**2015e Medicare Utilization:** 1,795

**2007 Work RVU:** 11.07

**2016 Work RVU:** 10.03

**2007 NF PE RVU:** 12.32

**2016 NF PE RVU:** 14.24

**2007 Fac PE RVU:** 9.21

**2016 Fac PE RVU:** 10.25

**Result:** Decrease

**RUC Recommendation:** 10.03

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**21495** Open treatment of hyoid fracture

**Global:** 090

**Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 09

**Specialty Developing Recommendation:**

**First Identified:** October 2015

**2015e Medicare Utilization:**

**2007 Work RVU:** 6.55

**2016 Work RVU:** 6.79

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 8.73

**2016 Fac PE RVU:** 12.63

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

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

**Global:** 090

**Issue:** Radical Resection of Soft Tissue Tumor

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 6

**Specialty Developing Recommendation:** ACS, AAOS

**First Identified:** September 2007

**2015e Medicare Utilization:** 703

**2007 Work RVU:** 8.91

**2016 Work RVU:** 14.75

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 5.13

**2016 Fac PE RVU:** 10.06

**Result:** Decrease

**RUC Recommendation:** 14.57

**Referred to CPT** June 2008

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

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

**Global:** 090

**Issue:** Internal Fixation of Rib Fracture

**Screen:** CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 05

**Specialty Developing Recommendation:** STS, ACS

**First Identified:** July 2013

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.98

**2016 Work RVU:**

**2007 NF PE RVU:** 1.34

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 1.34

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>21805</b>	Open treatment of rib fracture without fixation, each	<b>Global:</b> 090	<b>Issue:</b> Internal Fixation of Rib Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> STS, ACS	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 70	<b>2007 Work RVU:</b> 2.80 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.28 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Referred to CPT for deletion		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>21810</b>	Treatment of rib fracture requiring external fixation (flail chest)	<b>Global:</b> 090	<b>Issue:</b> Internal Fixation of Rib Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> STS, ACS	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 6.92 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.03 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>21811</b>	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	<b>Global:</b> 000	<b>Issue:</b> Internal Fixation of Rib Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> STS, ACS	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 240	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 10.79 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.44
<b>RUC Recommendation:</b> 19.55		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>21812</b>	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	<b>Global:</b> 000	<b>Issue:</b> Internal Fixation of Rib Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> STS, ACS	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 217	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 13.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 5.23
<b>RUC Recommendation:</b> 25.00		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2014      **Tab** 05      **Specialty Developing Recommendation:** STS, ACS      **First Identified:** January 2014      **2015e Medicare Utilization:** 24      **2007 Work RVU:**      **2016 Work RVU:** 17.61  
**2007 NF PE RVU:**      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:**      **2016 Fac PE RVU:** 6.27  
**RUC Recommendation:** 35.00      **Referred to CPT** October 2013      **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** April 2016      **Tab** 46      **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties      **First Identified:** January 2014      **2015e Medicare Utilization:** 244      **2007 Work RVU:** 1.31      **2016 Work RVU:** 1.36  
**2007 NF PE RVU:** 1.82      **2016 NF PE RVU:** 2.41  
**2007 Fac PE RVU:** 1.77      **2016 Fac PE RVU:** 2.51  
**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT** October 2013      **Result:** PE Only  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016

**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      **2015e Medicare Utilization:** 835      **2007 Work RVU:** 7.65      **2016 Work RVU:** 7.76  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.16      **2016 Fac PE RVU:** 6.20  
**RUC Recommendation:** Unrelated to the family      **Referred to CPT** 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      **2015e Medicare Utilization:** 387      **2007 Work RVU:** 18.38      **2016 Work RVU:** 15.72  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 9.37      **2016 Fac PE RVU:** 10.52  
**Result:** Decrease

**RUC Recommendation:** 15.54      **Referred to CPT** June 2008  
**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      **2015e Medicare Utilization:** 3,905      **2007 Work RVU:** 20.77      **2016 Work RVU:** 21.02  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 13.53      **2016 Fac PE RVU:** 16.62  
**Result:** Maintain

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

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

**Most Recent RUC Meeting:** April 2015      **Tab** 23      **Specialty Developing Recommendation:** AANS/CNS, NASS      **First Identified:** July 2013      **2015e Medicare Utilization:** 2,506      **2007 Work RVU:** 2.08      **2016 Work RVU:** 2.13  
**2007 NF PE RVU:** 2.27      **2016 NF PE RVU:** 2.96  
**2007 Fac PE RVU:** 1.89      **2016 Fac PE RVU:** 2.46  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** May 2016  
**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 Augmentation	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:	2015e Medicare Utilization: 4,849	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2016 Work RVU: 8.15 2016 NF PE RVU: 41.19 2016 Fac PE RVU: 3.94
RUC Recommendation: 8.15				Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

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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 Augmentation	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:	2015e Medicare Utilization: 4,979	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2016 Work RVU: 7.58 2016 NF PE RVU: 41.31 2016 Fac PE RVU: 3.76
RUC Recommendation: 8.05				Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

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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 Augmentation	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:	2015e Medicare Utilization: 2,827	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2016 Work RVU: 4.00 2016 NF PE RVU: 23.35 2016 Fac PE RVU: 1.50
RUC Recommendation: 4.00				Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>22513</b>	<b>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</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 21,629	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 8.90 <b>2016 NF PE RVU:</b> 198.81 <b>2016 Fac PE RVU:</b> 5.01
<b>RUC Recommendation:</b> 8.90			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>22514</b>	<b>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</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 23,594	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 8.24 <b>2016 NF PE RVU:</b> 199.38 <b>2016 Fac PE RVU:</b> 4.75
<b>RUC Recommendation:</b> 8.24			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>22515</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 12,728	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 4.00 <b>2016 NF PE RVU:</b> 121.92 <b>2016 Fac PE RVU:</b> 1.76
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>22520</b>	<b>Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 9.17 <b>2007 NF PE RVU:</b> 56.83 <b>2007 Fac PE RVU:</b> 4.84 <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<b>22521</b>	<b>Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.60 <b>2007 NF PE RVU:</b> 52.87 <b>2007 Fac PE RVU:</b> 4.69 <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<b>22522</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.30 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.59 <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT



## 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 Augmentation **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

**2015e Medicare Utilization:**

**2007 Work RVU:** 9.21

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 5.6

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**Result:** Deleted from CPT

**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 Augmentation **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

**2015e Medicare Utilization:**

**2007 Work RVU:** 8.81

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 5.4

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**Result:** Deleted from CPT

**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 Augmentation **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

**2015e Medicare Utilization:**

**2007 Work RVU:** 4.47

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 2.12

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**Result:** Deleted from CPT

## 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** **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2015e Medicare Utilization:** 1,170 **2007 Work RVU:** 24.61 **2016 Work RVU:** 24.79  
**RUC Meeting:** September 2011 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 13.57 **2016 Fac PE RVU:** 17.43  
**RUC Recommendation:** Remove from screen. CPT Assistant article published. **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Oct 2009  
**Result:** Remove from Screen

**22551** Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy 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** **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2015e Medicare Utilization:** 36,613 **2007 Work RVU:** **2016 Work RVU:** 25.00  
**RUC Meeting:** February 2010 **2007 NF PE RVU:** **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** 16.94  
**RUC Recommendation:** 24.50 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**  
**Result:** Decrease

**22552** Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy 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** **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2015e Medicare Utilization:** 31,039 **2007 Work RVU:** **2016 Work RVU:** 6.50  
**RUC Meeting:** February 2010 **2007 NF PE RVU:** **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** 3.12  
**RUC Recommendation:** 6.50 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**  
**Result:** Maintain

## 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 **2015e Medicare Utilization:** 5,593

**2007 Work RVU:** 17.54 **2016 Work RVU:** 17.69  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 11.97 **2016 Fac PE RVU:** 13.44  
**Result:** Maintain

**RUC Recommendation:** 17.69 **Referred to CPT** October 2009 **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:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2015e Medicare Utilization:** 14,695

**2007 Work RVU:** 23.33 **2016 Work RVU:** 23.53  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 12.86 **2016 Fac PE RVU:** 15.36  
**Result:**

**RUC Recommendation:** Refer to CPT for bundling **Referred to CPT** September 2016 **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:** **2015e Medicare Utilization:** 14,961

**2007 Work RVU:** 5.52 **2016 Work RVU:** 5.52  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 2.62 **2016 Fac PE RVU:** 2.59  
**Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Global:** 090

**Issue:** Lumbar Arthrodesis

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

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 21

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

**First Identified:** February 2010

**2015e Medicare Utilization:** 43,794

**2007 Work RVU:** 23.38

**2016 Work RVU:** 23.53

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 13.83

**2016 Fac PE RVU:** 16.32

**Result:** Maintain

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

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:** 113,020

**2007 Work RVU:** 6.43

**2016 Work RVU:** 6.43

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.15

**2016 Fac PE RVU:** 3.13

**Result:** Decrease

**RUC Recommendation:** 6.43

**Referred to CPT**

**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

**2015e Medicare Utilization:** 6,620

**2007 Work RVU:** 21.89

**2016 Work RVU:** 22.09

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 13.39

**2016 Fac PE RVU:** 16.40

**Result:** Maintain

**RUC Recommendation:** 22.09

**Referred to CPT** October 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>22632</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Lumbar Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> AANS/CNS, AAOS, NASS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 2,145	<b>2007 Work RVU:</b> 5.22 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.51 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 5.22 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.51
<b>RUC Recommendation:</b> 5.22		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>22633</b>	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	<b>Global:</b> 090	<b>Issue:</b> Lumbar Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> AANS/CNS, AAOS, NASS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 33,440	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 27.75 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 18.21
<b>RUC Recommendation:</b> 27.75		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>22634</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Lumbar Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> AANS/CNS, AAOS, NASS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 12,631	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 8.16 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.96
<b>RUC Recommendation:</b> 8.16		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## 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 **2015e Medicare Utilization:** 6,356 **2007 Work RVU:** 13.44 **2016 Work RVU:** 13.44 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 6.28 **2016 Fac PE RVU:** 6.59 **Result:** Remove from Screen

**RUC Recommendation:** Remove from screen **Referred to CPT** **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 **2015e Medicare Utilization:** 4,336 **2007 Work RVU:** 19.08 **2016 Work RVU:** 19.17 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 11.39 **2016 Fac PE RVU:** 13.31 **Result:** Maintain

**RUC Recommendation:** Maintain **Referred to CPT** June 2010 **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:** Biomechanical Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2015e Medicare Utilization:** 126,885 **2007 Work RVU:** 6.70 **2016 Work RVU:** 6.70 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 3.18 **2016 Fac PE RVU:** 3.23 **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>228X1</b>				<b>Global:</b> ZZZ	<b>Issue:</b> Biomechanical Device Insertion-Intervertebral, Interbody	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b>	AAOS, AANS, CNS, ISASS, NASS	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 4.88				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>228X2</b>				<b>Global:</b> ZZZ	<b>Issue:</b> Biomechanical Device Insertion-Intervertebral, Interbody	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b>	AAOS, AANS, CNS, ISASS, NASS	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 5.50				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>228X3</b>				<b>Global:</b> ZZZ	<b>Issue:</b> Biomechanical Device Insertion-Intervertebral, Interbody	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b>	AAOS, AANS, CNS, ISASS, NASS	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 6.00				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							

# 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	2015e Medicare Utilization: 784	2007 Work RVU: 6.14 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.3 Result: Increase	2016 Work RVU: 8.32 2016 NF PE RVU: NA 2016 Fac PE RVU: 6.09
RUC Recommendation:	8.21				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	June 2008 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	2015e Medicare Utilization: 683	2007 Work RVU: 7.77 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.5 Result: Decrease	2016 Work RVU: 7.41 2016 NF PE RVU: NA 2016 Fac PE RVU: 6.54
RUC Recommendation:	7.28				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	June 2008 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	2015e Medicare Utilization: 8,954	2007 Work RVU: 7.23 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.22 Result: Maintain	2016 Work RVU: 7.39 2016 NF PE RVU: NA 2016 Fac PE RVU: 7.96
RUC Recommendation:	7.23				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 3,082	2007 Work RVU: 7.63 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.88 Result: PE Only	2016 Work RVU: 7.77 2016 NF PE RVU: NA 2016 Fac PE RVU: 8.22
RUC Recommendation:	Reduce 99238 to 0.5				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>23350</b>	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	<b>Global:</b> 000	<b>Issue:</b> Injection for Shoulder X-Ray	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR, AAOS	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 36,414	<b>2007 Work RVU:</b> 1.00 <b>2007 NF PE RVU:</b> 3.23 <b>2007 Fac PE RVU:</b> 0.32 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>
			<b>Referred to CPT Asst</b>	<input type="checkbox"/>	
<b>23405</b>	Tenotomy, shoulder area; single tendon	<b>Global:</b> 090	<b>Issue:</b> Tenotomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,686	<b>2007 Work RVU:</b> 8.43 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.69 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>
			<b>Referred to CPT Asst</b>	<input type="checkbox"/>	
<b>23410</b>	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	<b>Global:</b> 090	<b>Issue:</b> Rotator Cuff	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 4,147	<b>2007 Work RVU:</b> 12.63 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.02 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 11.23			<b>Referred to CPT</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>
			<b>Referred to CPT Asst</b>	<input type="checkbox"/>	
<b>23412</b>	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	<b>Global:</b> 090	<b>Issue:</b> Rotator Cuff	<b>Screen:</b> Site of Service Anomaly / Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 16,656	<b>2007 Work RVU:</b> 13.55 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.49 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 4. 11.77			<b>Referred to CPT</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>
			<b>Referred to CPT Asst</b>	<input type="checkbox"/>	

# 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 Tab 62 Specialty Developing AAOS  
RUC Meeting: October 2010 Recommendation:

First Identified: September 2007

2015e  
Medicare  
Utilization: 757

2007 Work RVU: 10.09

2016 Work RVU: 9.23

2007 NF PE RVU: NA

2016 NF PE RVU: NA

2007 Fac PE RVU: 7.65

2016 Fac PE RVU: 8.98

Result: Decrease

RUC Recommendation: 9.23

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 23420 Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)

Global: 090

Issue: Rotator Cuff

Screen: Site of Service Anomaly

Complete? Yes

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

First Identified: September 2007

2015e  
Medicare  
Utilization: 4,691

2007 Work RVU: 14.75

2016 Work RVU: 13.54

2007 NF PE RVU: NA

2016 NF PE RVU: NA

2007 Fac PE RVU: 10.59

2016 Fac PE RVU: 11.75

Result: Decrease

RUC Recommendation: 13.35

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 23430 Tenodesis of long tendon of biceps

Global: 090

Issue: Tenodesis

Screen: CMS Fastest Growing,  
Site of Service Anomaly  
(99238-Only)

Complete? Yes

Most Recent Tab 12 Specialty Developing AAOS  
RUC Meeting: October 2009 Recommendation:

First Identified: September 2007

2015e  
Medicare  
Utilization: 15,412

2007 Work RVU: 10.05

2016 Work RVU: 10.17

2007 NF PE RVU: NA

2016 NF PE RVU: NA

2007 Fac PE RVU: 7.78

2016 Fac PE RVU: 9.36

Result: Maintain

RUC Recommendation: 10.17

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 23440 Resection or transplantation of long tendon of biceps

Global: 090

Issue: Tendon Transfer

Screen: Site of Service Anomaly  
(99238-Only)

Complete? Yes

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

First Identified: September 2007

2015e  
Medicare  
Utilization: 1,692

2007 Work RVU: 10.53

2016 Work RVU: 10.64

2007 NF PE RVU: NA

2016 NF PE RVU: NA

2007 Fac PE RVU: 7.91

2016 Fac PE RVU: 9.08

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>23472</b>	<b>Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))</b>	<b>Global:</b> 090	<b>Issue:</b> Arthroplasty	<b>Screen:</b> CMS Fastest Growing / High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 44,892	<b>2007 Work RVU:</b> 22.47 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 13.89 <b>2016 Work RVU:</b> 22.13 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 15.76
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>23540</b>	<b>Closed treatment of acromioclavicular dislocation; without manipulation</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 448	<b>2007 Work RVU:</b> 2.28 <b>2007 NF PE RVU:</b> 2.8 <b>2007 Fac PE RVU:</b> 2.43 <b>2016 Work RVU:</b> 2.36 <b>2016 NF PE RVU:</b> 3.71 <b>2016 Fac PE RVU:</b> 3.82
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article submitted to be published Sep or Oct 2016

<b>23600</b>	<b>Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation</b>	<b>Global:</b> 090	<b>Issue:</b> Treatment of Humerus Fracture	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 35,178	<b>2007 Work RVU:</b> 3.00 <b>2007 NF PE RVU:</b> 4.43 <b>2007 Fac PE RVU:</b> 3.58 <b>2016 Work RVU:</b> 3.00 <b>2016 NF PE RVU:</b> 5.80 <b>2016 Fac PE RVU:</b> 5.27
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>23625</b>	<b>Closed treatment of greater humeral tuberosity fracture; with manipulation</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 183	<b>2007 Work RVU:</b> 3.99 <b>2007 NF PE RVU:</b> 4.82 <b>2007 Fac PE RVU:</b> 4.19 <b>2016 Work RVU:</b> 4.10 <b>2016 NF PE RVU:</b> 6.01 <b>2016 Fac PE RVU:</b> 5.27
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article submitted to be published Sep or Oct 2016

## Status Report: CMS Requests and Relativity Assessment Issues

**23650** Closed treatment of shoulder dislocation, with manipulation; without anesthesia    **Global:** 090    **Issue:** PE Subcommittee    **Screen:** Emergent Procedures    **Complete?** Yes

<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b>	AAOS, ACEP and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 14,207	<b>2007 Work RVU:</b> 3.44	<b>2016 Work RVU:</b> 3.53
						<b>2007 NF PE RVU:</b> 3.65	<b>2016 NF PE RVU:</b> 4.84
						<b>2007 Fac PE RVU:</b> 2.77	<b>2016 Fac PE RVU:</b> 4.11

**RUC Recommendation:** PE Clinical staff pre-time revised    **Referred to CPT**    **Referred to CPT Asst** ☒    **Published in CPT Asst:**    **Result:** PE Only    Article submitted to be published Sep or Oct 2016

**23655** Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia    **Global:** 090    **Issue:** PE Subcommittee    **Screen:** Emergent Procedures    **Complete?** Yes

<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b>	AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 2,656	<b>2007 Work RVU:</b> 4.64	<b>2016 Work RVU:</b> 4.76
						<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
						<b>2007 Fac PE RVU:</b> 4.17	<b>2016 Fac PE RVU:</b> 5.86

**RUC Recommendation:** PE Clinical staff pre-time revised    **Referred to CPT**    **Referred to CPT Asst** ☒    **Published in CPT Asst:**    **Result:** PE Only    Article submitted to be published Sep or Oct 2016

**23665** Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation    **Global:** 090    **Issue:** PE Subcommittee    **Screen:** Emergent Procedures    **Complete?** Yes

<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b>	AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 605	<b>2007 Work RVU:</b> 4.54	<b>2016 Work RVU:</b> 4.66
						<b>2007 NF PE RVU:</b> 5.21	<b>2016 NF PE RVU:</b> 6.66
						<b>2007 Fac PE RVU:</b> 4.61	<b>2016 Fac PE RVU:</b> 5.84

**RUC Recommendation:** PE Clinical staff pre-time revised    **Referred to CPT**    **Referred to CPT Asst** ☒    **Published in CPT Asst:**    **Result:** PE Only    Article submitted to be published Sep or Oct 2016

## Status Report: CMS Requests and Relativity Assessment Issues

24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction			Global: 090	Issue: PE Subcommittee	Screen: Emergent Procedures	Complete? Yes
Most Recent RUC Meeting:	April 2016	Tab 46	Specialty Developing Recommendation:	AAOS, ACEP, and orthopaedic subspecialties	First Identified: October 2015	2015e Medicare Utilization: 853	2007 Work RVU: 5.25 2007 NF PE RVU: 6.42 2007 Fac PE RVU: 5.27 2016 Work RVU: 5.39 2016 NF PE RVU: 7.90 2016 Fac PE RVU: 6.57
RUC Recommendation: PE Clinical staff pre-time revised				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>		Result: PE Only Published in CPT Asst: Article submitted to be published Sep or Oct 2016	
24600	Treatment of closed elbow dislocation; without anesthesia			Global: 090	Issue: PE Subcommittee	Screen: Emergent Procedures	Complete? Yes
Most Recent RUC Meeting:	April 2016	Tab 46	Specialty Developing Recommendation:	AAOS, ACEP, and orthopaedic subspecialties	First Identified: October 2015	2015e Medicare Utilization: 1,341	2007 Work RVU: 4.28 2007 NF PE RVU: 4.61 2007 Fac PE RVU: 3.45 2016 Work RVU: 4.37 2016 NF PE RVU: 5.33 2016 Fac PE RVU: 4.48
RUC Recommendation: PE Clinical staff pre-time revised				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>		Result: PE Only Published in CPT Asst: Article submitted to be published Sep or Oct 2016	
24605	Treatment of closed elbow dislocation; requiring anesthesia			Global: 090	Issue: PE Subcommittee	Screen: Emergent Procedures	Complete? Yes
Most Recent RUC Meeting:	April 2016	Tab 46	Specialty Developing Recommendation:	AAOS, ACEP, and orthopaedic subspecialties	First Identified: October 2015	2015e Medicare Utilization: 454	2007 Work RVU: 5.50 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.26 2016 Work RVU: 5.64 2016 NF PE RVU: NA 2016 Fac PE RVU: 6.77
RUC Recommendation: PE Clinical staff pre-time revised				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>		Result: PE Only Published in CPT Asst: Article submitted to be published Sep or Oct 2016	

## Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:** 979

**2007 Work RVU:** 7.38

**2016 Work RVU:** 7.56

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 12.13

**2016 Fac PE RVU:** 8.41

**Result:** Maintain

**RUC Recommendation:** 7.56

**Referred to CPT**

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

**25210** Carpectomy; 1 bone

**Global:** 090 **Issue:** Carpectomy

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

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab** 16

**Specialty Developing Recommendation:** AAOS

**First Identified:** September 2007

**2015e Medicare Utilization:** 2,175

**2007 Work RVU:** 6.01

**2016 Work RVU:** 6.12

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 6.49

**2016 Fac PE RVU:** 6.89

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**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

**2015e Medicare Utilization:** 876

**2007 Work RVU:** 7.89

**2016 Work RVU:** 8.04

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 12.3

**2016 Fac PE RVU:** 8.67

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

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

**First Identified:** September 2007 **2015e Medicare Utilization:** 1,219

**2007 Work RVU:** 7.28 **2016 Work RVU:** 7.39  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 11.6 **2016 Fac PE RVU:** 7.60  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**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** **Tab** 15 **Specialty Developing Recommendation:** ASSH, AAOS  
**RUC Meeting:** February 2008

**First Identified:** September 2007 **2015e Medicare Utilization:** 7,265

**2007 Work RVU:** 8.26 **2016 Work RVU:** 8.08  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 11.99 **2016 Fac PE RVU:** 8.37  
**Result:** Decrease

**RUC Recommendation:** 7.94

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

**25565** Closed treatment of radial and ulnar shaft fractures; with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent** **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties  
**RUC Meeting:** April 2016

**First Identified:** October 2015 **2015e Medicare Utilization:** 678

**2007 Work RVU:** 5.71 **2016 Work RVU:** 5.85  
**2007 NF PE RVU:** 6.52 **2016 NF PE RVU:** 8.00  
**2007 Fac PE RVU:** 5.32 **2016 Fac PE RVU:** 6.62

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**25605** Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 20,307 **2007 Work RVU:** 7.02 **2016 Work RVU:** 6.25 **2007 NF PE RVU:** 7.15 **2016 NF PE RVU:** 8.35 **2007 Fac PE RVU:** 6.21 **2016 Fac PE RVU:** 7.44

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016 **Result:** PE Only

**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 **2015e Medicare Utilization:** 3,432 **2007 Work RVU:** 8.10 **2016 Work RVU:** 8.31 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 8.41 **2016 Fac PE RVU:** 9.11

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **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 **2015e Medicare Utilization:** 8,899 **2007 Work RVU:** 9.35 **2016 Work RVU:** 9.56 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 7.26 **2016 Fac PE RVU:** 9.79

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments				Global: 090	Issue: RAW	Screen: Pre-Time Analysis	Complete? Yes
Most Recent RUC Meeting:	September 2014	Tab 21	Specialty Developing Recommendation:	AAOS, ASSH	First Identified: September 2014	2015e Medicare Utilization: 6,956	2007 Work RVU: 10.86 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.88 Result: Maintain	2016 Work RVU: 11.07 2016 NF PE RVU: NA 2016 Fac PE RVU: 10.59
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.				Referred to CPT				
				Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments				Global: 090	Issue: RAW	Screen: Pre-Time Analysis	Complete? Yes
Most Recent RUC Meeting:	September 2014	Tab 21	Specialty Developing Recommendation:	AAOS, ASSH	First Identified: January 2014	2015e Medicare Utilization: 14,891	2007 Work RVU: 14.12 2007 NF PE RVU: NA 2007 Fac PE RVU: 9.77 Result: Maintain	2016 Work RVU: 14.38 2016 NF PE RVU: NA 2016 Fac PE RVU: 13.13
RUC Recommendation:	Maintain work RVU and adjust the times from pre-time package 3.				Referred to CPT			
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

25675 Closed treatment of distal radioulnar dislocation with manipulation				Global: 090	Issue: PE Subcommittee	Screen: Emergent Procedures	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab 46	Specialty Developing Recommendation:	AAOS, ACEP, and orthopaedic subspecialties	First Identified: October 2015	2015e Medicare Utilization: 310	2007 Work RVU: 4.75 2007 NF PE RVU: 5.46 2007 Fac PE RVU: 4.53	2016 Work RVU: 4.89 2016 NF PE RVU: 6.75 2016 Fac PE RVU: 5.68
RUC Recommendation: PE Clinical staff pre-time revised				Referred to CPT		Result: PE Only	
				Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst:	Article submitted to be published Sep or Oct 2016	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>26080</b>	<b>Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Site of Service Anomaly / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> ASSH, AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,687	<b>2007 Work RVU:</b> 4.36 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.73 <b>2016 Work RVU:</b> 4.47 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 5.96
<b>RUC Recommendation:</b> Action plan for RAW Oct 2015. Maintain			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Sep 2012
					<b>Result:</b> Maintain
<hr/>					
<b>26356</b>	<b>Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon</b>	<b>Global:</b> 090	<b>Issue:</b> Repair Flexor Tendon	<b>Screen:</b> Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> AAOS, ASPS, ASSH	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,076	<b>2007 Work RVU:</b> 10.22 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 17.22 <b>2016 Work RVU:</b> 9.56 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 13.66
<b>RUC Recommendation:</b> 10.03			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>Result:</b> Decrease
<hr/>					
<b>26357</b>	<b>Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon</b>	<b>Global:</b> 090	<b>Issue:</b> Repair Flexor Tendon	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> AAOS, ASPS, ASSH	<b>First Identified:</b> April 2014	<b>2015e Medicare Utilization:</b> 80	<b>2007 Work RVU:</b> 8.65 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 14.29 <b>2016 Work RVU:</b> 10.53 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 12.06
<b>RUC Recommendation:</b> 11.50			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>Result:</b> Increase

## Status Report: CMS Requests and Relativity Assessment Issues

<b>26358</b>	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	<b>Global:</b> 090	<b>Issue:</b> Repair Flexor Tendon	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> AAOS, ASPS, ASSH	<b>First Identified:</b> April 2014	<b>2015e Medicare Utilization:</b> 45	<b>2007 Work RVU:</b> 9.22 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 15.19 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 13.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 12.13 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 12.85
<b>26480</b>	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	<b>Global:</b> 090	<b>Issue:</b> Tendon Transfer	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> AAOS, ASSH	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 8,250	<b>2007 Work RVU:</b> 6.76 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 13.68 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 6.76			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 6.90 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 13.33
<b>26700</b>	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 553	<b>2007 Work RVU:</b> 3.74 <b>2007 NF PE RVU:</b> 3.65 <b>2007 Fac PE RVU:</b> 2.89
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only Article submitted to be published Sep or Oct 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**26750** Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 7,290

**2007 Work RVU:** 1.74 **2016 Work RVU:** 1.80  
**2007 NF PE RVU:** 2.42 **2016 NF PE RVU:** 3.19  
**2007 Fac PE RVU:** 2.07 **2016 Fac PE RVU:** 3.21

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016 **Result:** PE Only

**26755** Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 505

**2007 Work RVU:** 3.15 **2016 Work RVU:** 3.23  
**2007 NF PE RVU:** 4.27 **2016 NF PE RVU:** 5.25  
**2007 Fac PE RVU:** 3 **2016 Fac PE RVU:** 4.09

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016 **Result:** PE Only

**26770** Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 5,465

**2007 Work RVU:** 3.07 **2016 Work RVU:** 3.15  
**2007 NF PE RVU:** 3.3 **2016 NF PE RVU:** 4.19  
**2007 Fac PE RVU:** 2.44 **2016 Fac PE RVU:** 3.63

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016 **Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

<b>27048</b>	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	<b>Global:</b> 090	<b>Issue:</b> Excision of Subfascial Soft Tissue Tumor Codes	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ACS, AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 403	<b>2007 Work RVU:</b> 6.44 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.76 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 8.74			<b>Referred to CPT</b> June 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 8.85 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 6.78
<hr/>					
<b>27062</b>	Excision; trochanteric bursa or calcification	<b>Global:</b> 090	<b>Issue:</b> Trochanteric Bursa Excision	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,521	<b>2007 Work RVU:</b> 5.66 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.05 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 5.66			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 5.75 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 6.23
<hr/>					
<b>27096</b>	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	<b>Global:</b> 000	<b>Issue:</b> Injection for Sacroiliac Joint	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA, ASIPP, ISIS, NASS	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 415,354	<b>2007 Work RVU:</b> 1.40 <b>2007 NF PE RVU:</b> 3.88 <b>2007 Fac PE RVU:</b> 0.33 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 1.48 <b>2016 NF PE RVU:</b> 3.01 <b>2016 Fac PE RVU:</b> 0.83
<hr/>					
<b>27130</b>	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	<b>Global:</b> 090	<b>Issue:</b> Arthroplasty	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOS, AAHKS	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 142,316	<b>2007 Work RVU:</b> 21.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.96 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 21.79			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 20.72 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 14.48

## Status Report: CMS Requests and Relativity Assessment Issues

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**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      **2015e Medicare Utilization:** 10,390      **2007 Work RVU:** 30.13      **2016 Work RVU:** 30.28  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 17.08      **2016 Fac PE RVU:** 19.31  
**Result:** Maintain

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

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

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**27193** Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation      **Global:** 090      **Issue:** Closed Treatment of Pelvic Ring Fracture      **Screen:** CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 07      **Specialty Developing Recommendation:** AAOS      **First Identified:** July 2013      **2015e Medicare Utilization:** 19,608      **2007 Work RVU:** 5.98      **2016 Work RVU:** 6.09  
**2007 NF PE RVU:** 4.98      **2016 NF PE RVU:** 6.26  
**2007 Fac PE RVU:** 4.98      **2016 Fac PE RVU:** 6.45  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2015

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

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**27194** Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia      **Global:** 090      **Issue:** Closed Treatment of Pelvic Ring Fracture      **Screen:** CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 07      **Specialty Developing Recommendation:** AAOS      **First Identified:** October 2015      **2015e Medicare Utilization:** 248      **2007 Work RVU:** 10.08      **2016 Work RVU:** 10.20  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.4      **2016 Fac PE RVU:** 8.14  
**Result:** Deleted from CPT

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

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

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## Status Report: CMS Requests and Relativity Assessment Issues

**271X1**

**Global:** 090

**Issue:** Closed Treatment of Pelvic Ring Fracture

**Screen:** CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 07

**Specialty Developing Recommendation:** AAOS

**First Identified:** October 2015

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 5.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**271X2**

**Global:** 090

**Issue:** Closed Treatment of Pelvic Ring Fracture

**Screen:** CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 07

**Specialty Developing Recommendation:** AAOS

**First Identified:** October 2015

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 9.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**27230** Closed treatment of femoral fracture, proximal end, neck; without manipulation

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2015e Medicare Utilization:** 1,928

**2007 Work RVU:** 5.69

**2016 Work RVU:** 5.81

**2007 NF PE RVU:** 5.38

**2016 NF PE RVU:** 6.73

**2007 Fac PE RVU:** 5.06

**2016 Fac PE RVU:** 6.64

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:**

**Result:** PE Only

Article submitted to be published Sep or Oct 2016

## Status Report: CMS Requests and Relativity Assessment Issues

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**27232** Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab** 46      **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties      **First Identified:** October 2015      **2015e Medicare Utilization:** 230      **2007 Work RVU:** 11.66      **2016 Work RVU:** 11.72  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.88      **2016 Fac PE RVU:** 7.92

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**      **Result:** PE Only  
**Referred to CPT Asst** ☒      **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016

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**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      **2015e Medicare Utilization:** 60,783      **2007 Work RVU:** 17.43      **2016 Work RVU:** 17.61  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 10.85      **2016 Fac PE RVU:** 13.50

**RUC Recommendation:** 17.61      **Referred to CPT**      **Result:** Maintain  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

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**27240** Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab** 46      **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties      **First Identified:** October 2015      **2015e Medicare Utilization:** 323      **2007 Work RVU:** 13.66      **2016 Work RVU:** 13.81  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 9.13      **2016 Fac PE RVU:** 11.15

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**      **Result:** PE Only  
**Referred to CPT Asst** ☒      **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016

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# Status Report: CMS Requests and Relativity Assessment Issues

**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 IWPUP **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2015e Medicare Utilization:** 11,986 **2007 Work RVU:** 17.08 **2016 Work RVU:** 18.18 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 10.91 **2016 Fac PE RVU:** 13.81 **Result:** Increase

**RUC Recommendation:** 18.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**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 IWPUP / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2015e Medicare Utilization:** 80,052 **2007 Work RVU:** 21.09 **2016 Work RVU:** 18.18 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 13.19 **2016 Fac PE RVU:** 13.81 **Result:** Decrease

**RUC Recommendation:** 18.00 **Referred to CPT** **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 **2015e Medicare Utilization:** 2,913 **2007 Work RVU:** 7.21 **2016 Work RVU:** 3.82 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 4.54 **2016 Fac PE RVU:** 0.79 **Result:** Decrease

**RUC Recommendation:** 3.82 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**27252** Closed treatment of hip dislocation, traumatic; requiring anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 996 **2007 Work RVU:** 10.92 **2016 Work RVU:** 11.03 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 7.21 **2016 Fac PE RVU:** 8.76 **Result:** PE Only

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016

## Status Report: CMS Requests and Relativity Assessment Issues

**27265** Closed treatment of post hip arthroplasty dislocation; without anesthesia      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 6,938	<b>2007 Work RVU:</b> 5.12	<b>2016 Work RVU:</b> 5.24
					<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU:</b> 4.59	<b>2016 Fac PE RVU:</b> 5.38

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**      **Referred to CPT Asst** ☒      **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016      **Result:** PE Only

**27266** Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 6,643	<b>2007 Work RVU:</b> 7.67	<b>2016 Work RVU:</b> 7.78
					<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU:</b> 6.15	<b>2016 Fac PE RVU:</b> 7.41

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**      **Referred to CPT Asst** ☒      **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016      **Result:** PE Only

**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

<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> ACS, AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 747	<b>2007 Work RVU:</b> 4.95	<b>2016 Work RVU:</b> 5.04
					<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU:</b> 4.1	<b>2016 Fac PE RVU:</b> 5.25

**RUC Recommendation:** Reduce 99238 to 0.5      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>27370</b>	Injection of contrast for knee arthrography			<b>Global:</b> 000	<b>Issue:</b> Injection for Knee Arthrography	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 131,272	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 3.47 <b>2007 Fac PE RVU:</b> 0.32 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.96 <b>2016 NF PE RVU:</b> 3.33 <b>2016 Fac PE RVU:</b> 0.39
<b>RUC Recommendation:</b> Survey				<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Clinical Examples of Radiology Bulletin #1 2010		
<hr/>							
<b>27446</b>	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment			<b>Global:</b> 090	<b>Issue:</b> Arthroplasty	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b>	AAOS, AAHKS	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 15,507	<b>2007 Work RVU:</b> 16.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.81 <b>Result:</b> Increase	<b>2016 Work RVU:</b> 17.48 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 12.64
<b>RUC Recommendation:</b> 17.48				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>27447</b>	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)			<b>Global:</b> 090	<b>Issue:</b> Arthroplasty	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b>	AAOS, AAHKS	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 276,605	<b>2007 Work RVU:</b> 23.04 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 14.14 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 20.72 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 14.46
<b>RUC Recommendation:</b> 19.60				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**27502** Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 319 **2007 Work RVU:** 11.24 **2016 Work RVU:** 11.36 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 7.82 **2016 Fac PE RVU:** 8.80

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:**

**Result:** PE Only

Article submitted to be published Sep or Oct 2016

**27510** Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 336 **2007 Work RVU:** 9.68 **2016 Work RVU:** 9.80 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 7.09 **2016 Fac PE RVU:** 8.23

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:**

**Result:** PE Only

Article submitted to be published Sep or Oct 2016

**27550** Closed treatment of knee dislocation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 409 **2007 Work RVU:** 5.84 **2016 Work RVU:** 5.98 **2007 NF PE RVU:** 5.84 **2016 NF PE RVU:** 7.53 **2007 Fac PE RVU:** 4.85 **2016 Fac PE RVU:** 6.51

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:**

**Result:** PE Only

Article submitted to be published Sep or Oct 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**27552** Closed treatment of knee dislocation; requiring anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent** **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 330 **2007 Work RVU:** 8.04 **2016 Work RVU:** 8.18  
**RUC Meeting:** April 2016 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.75 **2016 Fac PE RVU:** 8.22

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016 **Result:** PE Only

**27615** Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015e Medicare Utilization:** 384 **2007 Work RVU:** 12.93 **2016 Work RVU:** 15.72  
**RUC Meeting:** February 2009 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 9.07 **2016 Fac PE RVU:** 10.72

**RUC Recommendation:** 15.54 **Referred to CPT** June 2008 **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** **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2015e Medicare Utilization:** 656 **2007 Work RVU:** 8.47 **2016 Work RVU:** 6.91  
**RUC Meeting:** February 2009 **2007 NF PE RVU:** 9.65 **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.79 **2016 Fac PE RVU:** 5.52

**RUC Recommendation:** 6.80 **Referred to CPT** June 2008 **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** **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2015e Medicare Utilization:** 1,458 **2007 Work RVU:** 12.10 **2016 Work RVU:** 12.24  
**RUC Meeting:** February 2008 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 9.79 **2016 Fac PE RVU:** 9.61

**RUC Recommendation:** 12.10 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>27641</b>	<b>Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula</b>		<b>Global:</b> 090	<b>Issue:</b> Leg Bone Resection Partial	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> AOFAS, AAOS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 791	<b>2007 Work RVU:</b> 9.73 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.96 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 9.84 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 7.80
<b>RUC Recommendation:</b> 9.72			<b>Referred to CPT</b> June 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>27650</b>	<b>Repair, primary, open or percutaneous, ruptured Achilles tendon;</b>		<b>Global:</b> 090	<b>Issue:</b> Achilles Tendon Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,363	<b>2007 Work RVU:</b> 9.94 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.22 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 9.21 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 8.37
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>27654</b>	<b>Repair, secondary, Achilles tendon, with or without graft</b>		<b>Global:</b> 090	<b>Issue:</b> Achilles Tendon Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AOFAS, APMA, AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,297	<b>2007 Work RVU:</b> 10.32 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.86 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 10.53 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 8.36
<b>RUC Recommendation:</b> 10.32			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>27685</b>	<b>Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)</b>		<b>Global:</b> 090	<b>Issue:</b> Tendon Repair	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 3,520	<b>2007 Work RVU:</b> 6.57 <b>2007 NF PE RVU:</b> 7.68 <b>2007 Fac PE RVU:</b> 5.26 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 6.69 <b>2016 NF PE RVU:</b> 11.46 <b>2016 Fac PE RVU:</b> 5.76
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2015e Medicare Utilization:** 5,461

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 6.30 **2016 Work RVU:** 6.41  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.12 **2016 Fac PE RVU:** 5.73  
**Result:** PE Only

**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 **2015e Medicare Utilization:** 1,361

**RUC Recommendation:** 8.96 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 8.96 **2016 Work RVU:** 9.17  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.15 **2016 Fac PE RVU:** 7.67  
**Result:** Maintain

**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 **2015e Medicare Utilization:** 3,774

**RUC Recommendation:** 10.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 10.28 **2016 Work RVU:** 10.49  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.51 **2016 Fac PE RVU:** 9.36  
**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**27752** Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 1,298 **2007 Work RVU:** 6.15 **2016 Work RVU:** 6.27 **2007 NF PE RVU:** 6.48 **2016 NF PE RVU:** 7.98 **2007 Fac PE RVU:** 5.54 **2016 Fac PE RVU:** 6.82

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016 **Result:** PE Only

**27762** Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2015e Medicare Utilization:** 298 **2007 Work RVU:** 5.33 **2016 Work RVU:** 5.47 **2007 NF PE RVU:** 6.14 **2016 NF PE RVU:** 7.22 **2007 Fac PE RVU:** 5.14 **2016 Fac PE RVU:** 6.05

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Article submitted to be published Sep or Oct 2016 **Result:** PE Only

**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 **2015e Medicare Utilization:** 7,059 **2007 Work RVU:** 7.91 **2016 Work RVU:** 8.75 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 6.71 **2016 Fac PE RVU:** 8.40

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



# Status Report: CMS Requests and Relativity Assessment Issues

27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation			Global: 090	Issue: PE Subcommittee	Screen: Emergent Procedures	Complete? Yes
Most Recent RUC Meeting:	April 2016	Tab 46	Specialty Developing Recommendation: AAOS, ACEP, and orthopaedic subspecialties	First Identified: October 2015	2015e Medicare Utilization: 2,756	2007 Work RVU: 5.20 2007 NF PE RVU: 6.05 2007 Fac PE RVU: 5.02	2016 Work RVU: 5.32 2016 NF PE RVU: 7.17 2016 Fac PE RVU: 5.97
RUC Recommendation: PE Clinical staff pre-time revised				Referred to CPT	Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Article submitted to be published Sep or Oct 2016	Result: PE Only
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	2015e Medicare Utilization: 11,542	2007 Work RVU: 11.10 2007 NF PE RVU: NA 2007 Fac PE RVU: 8.25	2016 Work RVU: 10.62 2016 NF PE RVU: NA 2016 Fac PE RVU: 9.62
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.				Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	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) / Emergent Procedures	Complete? Yes
Most Recent RUC Meeting:	April 2016	Tab 46	Specialty Developing Recommendation: AAOS, ACEP, and orthopaedic subspecialties	First Identified: September 2007	2015e Medicare Utilization: 2,531	2007 Work RVU: 5.57 2007 NF PE RVU: 6.14 2007 Fac PE RVU: 5	2016 Work RVU: 5.69 2016 NF PE RVU: 7.24 2016 Fac PE RVU: 5.85
RUC Recommendation: PE Clinical staff pre-time revised				Referred to CPT	Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Article submitted to be published Sep or Oct 2016	Result: PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

<b>27825</b>	<b>Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 604	<b>2007 Work RVU:</b> 6.60 <b>2007 NF PE RVU:</b> 6.42 <b>2007 Fac PE RVU:</b> 5.25 <b>2016 Work RVU:</b> 6.69 <b>2016 NF PE RVU:</b> 7.67 <b>2016 Fac PE RVU:</b> 6.23
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b>	<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article submitted to be published Sep or Oct 2016	
<hr/>					
<b>27840</b>	<b>Closed treatment of ankle dislocation; without anesthesia</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 2,161	<b>2007 Work RVU:</b> 4.65 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.73 <b>2016 Work RVU:</b> 4.77 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 5.00
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b>	<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article submitted to be published Sep or Oct 2016	
<hr/>					
<b>28002</b>	<b>Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space</b>	<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 5,915	<b>2007 Work RVU:</b> 5.78 <b>2007 NF PE RVU:</b> 5.44 <b>2007 Fac PE RVU:</b> 3.74 <b>2016 Work RVU:</b> 5.34 <b>2016 NF PE RVU:</b> 6.92 <b>2016 Fac PE RVU:</b> 3.33
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b>	<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**28111** Osteotomy, complete excision; first metatarsal head

**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

**2015e  
Medicare  
Utilization:** 1,027

**2007 Work RVU:** 5.06

**2016 Work RVU:** 5.15

**2007 NF PE RVU:** 6.55

**2016 NF PE RVU:** 8.54

**2007 Fac PE RVU:** 3.58

**2016 Fac PE RVU:** 3.69

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**28118** Osteotomy, calcaneus;

**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

**2015e  
Medicare  
Utilization:** 2,474

**2007 Work RVU:** 6.02

**2016 Work RVU:** 6.13

**2007 NF PE RVU:** 6.68

**2016 NF PE RVU:** 10.26

**2007 Fac PE RVU:** 4.28

**2016 Fac PE RVU:** 5.01

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**28120** Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus

**Global:** 090

**Issue:** Removal of Foot Bone

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2011

**Tab** 19

**Specialty Developing  
Recommendation:** AOFAS,  
APMA, AAOS

**First  
Identified:** September 2007

**2015e  
Medicare  
Utilization:** 4,760

**2007 Work RVU:** 5.64

**2016 Work RVU:** 7.31

**2007 NF PE RVU:** 7.5

**2016 NF PE RVU:** 11.20

**2007 Fac PE RVU:** 4.31

**2016 Fac PE RVU:** 6.01

**Result:** Increase

**RUC Recommendation:** 8.27

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**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

**2015e  
Medicare  
Utilization:** 12,633

**2007 Work RVU:** 7.56

**2016 Work RVU:** 6.76

**2007 NF PE RVU:** 7.27

**2016 NF PE RVU:** 9.87

**2007 Fac PE RVU:** 5.17

**2016 Fac PE RVU:** 5.24

**Result:** Maintain

**RUC Recommendation:** 7.72

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2015e Medicare Utilization:** 12,327

**2007 Work RVU:** 4.88 **2016 Work RVU:** 5.00  
**2007 NF PE RVU:** 5.46 **2016 NF PE RVU:** 8.39  
**2007 Fac PE RVU:** 3.62 **2016 Fac PE RVU:** 4.10  
**Result:** PE Only

**RUC Recommendation:** Remove 99238

**Referred to CPT**  
**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 **2015e Medicare Utilization:** 77,421

**2007 Work RVU:** 4.65 **2016 Work RVU:** 5.62  
**2007 NF PE RVU:** 5.34 **2016 NF PE RVU:** 9.22  
**2007 Fac PE RVU:** 3.42 **2016 Fac PE RVU:** 4.67  
**Result:** Increase

**RUC Recommendation:** 5.62

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

**28289** Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2015e Medicare Utilization:** 4,297

**2007 Work RVU:** 8.11 **2016 Work RVU:** 8.31  
**2007 NF PE RVU:** 8.37 **2016 NF PE RVU:** 11.93  
**2007 Fac PE RVU:** 5.68 **2016 Fac PE RVU:** 6.51  
**Result:** Decrease

**RUC Recommendation:** 6.90

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**28290** Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure) **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2015e Medicare Utilization:** 2,068

**2007 Work RVU:** 5.72 **2016 Work RVU:** 5.83  
**2007 NF PE RVU:** 6.75 **2016 NF PE RVU:** 10.37  
**2007 Fac PE RVU:** 4.55 **2016 Fac PE RVU:** 4.81  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**28292** Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2015e Medicare Utilization:** 7,864

**RUC Recommendation:** 7.44 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 8.72 **2016 Work RVU:** 9.05  
**2007 NF PE RVU:** 8.21 **2016 NF PE RVU:** 12.92  
**2007 Fac PE RVU:** 5.72 **2016 Fac PE RVU:** 7.44  
**Result:** Decrease

**28293** Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2015e Medicare Utilization:** 3,412

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 11.10 **2016 Work RVU:** 11.48  
**2007 NF PE RVU:** 11.72 **2016 NF PE RVU:** 17.98  
**2007 Fac PE RVU:** 6.34 **2016 Fac PE RVU:** 8.10  
**Result:** Deleted from CPT

**28294** Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure) **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2015e Medicare Utilization:** 70

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 8.63 **2016 Work RVU:** 8.75  
**2007 NF PE RVU:** 7.88 **2016 NF PE RVU:** 12.46  
**2007 Fac PE RVU:** 4.7 **2016 Fac PE RVU:** 6.02  
**Result:** Deleted from CPT

**28296** Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures) **Global:** 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2015e Medicare Utilization:** 13,444

**RUC Recommendation:** 8.25 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 9.31 **2016 Work RVU:** 8.35  
**2007 NF PE RVU:** 8.54 **2016 NF PE RVU:** 11.55  
**2007 Fac PE RVU:** 5.29 **2016 Fac PE RVU:** 5.94  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**28297** Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure      **Global:** 090      **Issue:** Bunionectomy      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 08      **Specialty Developing Recommendation:** AAOS, AOFAS, APMA      **First Identified:**      **2015e Medicare Utilization:** 1,840      **2007 Work RVU:** 9.31      **2016 Work RVU:** 9.43  
**2007 NF PE RVU:** 9.34      **2016 NF PE RVU:** 12.97  
**2007 Fac PE RVU:** 6.04      **2016 Fac PE RVU:** 6.27  
**Result:** Decrease

**RUC Recommendation:** 9.29      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**28298** Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy      **Global:** 090      **Issue:** Bunionectomy      **Screen:** Site of Service Anomaly (99238-Only)      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 08      **Specialty Developing Recommendation:** AAOS, AOFAS, APMA      **First Identified:** September 2007      **2015e Medicare Utilization:** 2,550      **2007 Work RVU:** 8.01      **2016 Work RVU:** 8.13  
**2007 NF PE RVU:** 7.74      **2016 NF PE RVU:** 11.90  
**2007 Fac PE RVU:** 4.91      **2016 Fac PE RVU:** 5.61  
**Result:** Decrease

**RUC Recommendation:** 7.75      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**28299** Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy      **Global:** 090      **Issue:** Bunionectomy      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 08      **Specialty Developing Recommendation:** AAOS, AOFAS, APMA      **First Identified:**      **2015e Medicare Utilization:** 4,693      **2007 Work RVU:** 11.39      **2016 Work RVU:** 11.57  
**2007 NF PE RVU:** 9.24      **2016 NF PE RVU:** 13.26  
**2007 Fac PE RVU:** 6.01      **2016 Fac PE RVU:** 6.85  
**Result:** Decrease

**RUC Recommendation:** 9.29      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**282X1**      **Global:** 090      **Issue:** Bunionectomy      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 08      **Specialty Developing Recommendation:** AAOS, AOFAS, APMA      **First Identified:**      **2015e Medicare Utilization:**      **2007 Work RVU:**      **2016 Work RVU:**  
**2007 NF PE RVU:**      **2016 NF PE RVU:**  
**2007 Fac PE RVU:**      **2016 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 8.01      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>282X2</b>				<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b>	AAOS, AOFAS, APMA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b>
						<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b>
						<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 8.57				<b>Referred to CPT</b> October 2015		<b>Result:</b> Decrease	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>28300</b>	<b>Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation</b>			<b>Global:</b> 090	<b>Issue:</b> Osteotomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b>	AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,180	<b>2007 Work RVU:</b> 9.61	<b>2016 Work RVU:</b> 9.73
						<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
						<b>2007 Fac PE RVU:</b> 6.81	<b>2016 Fac PE RVU:</b> 7.48
<b>RUC Recommendation:</b> Reduce 99238 to 0.5				<b>Referred to CPT</b>		<b>Result:</b> PE Only	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>28310</b>	<b>Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)</b>			<b>Global:</b> 090	<b>Issue:</b> Osteotomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b>	APMA, AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,094	<b>2007 Work RVU:</b> 5.48	<b>2016 Work RVU:</b> 5.57
						<b>2007 NF PE RVU:</b> 6.2	<b>2016 NF PE RVU:</b> 9.74
						<b>2007 Fac PE RVU:</b> 3.53	<b>2016 Fac PE RVU:</b> 4.21
<b>RUC Recommendation:</b> Reduce 99238 to 0.5				<b>Referred to CPT</b>		<b>Result:</b> PE Only	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>28470</b>	<b>Closed treatment of metatarsal fracture; without manipulation, each</b>			<b>Global:</b> 090	<b>Issue:</b> Treatment of Metatarsal Fracture	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b>	AAOS, APMA, AOFAS	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 35,107	<b>2007 Work RVU:</b> 1.99	<b>2016 Work RVU:</b> 2.03
						<b>2007 NF PE RVU:</b> 3.05	<b>2016 NF PE RVU:</b> 3.97
						<b>2007 Fac PE RVU:</b> 2.43	<b>2016 Fac PE RVU:</b> 3.56
<b>RUC Recommendation:</b> 2.03				<b>Referred to CPT</b>		<b>Result:</b> Maintain	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>28660</b>	<b>Closed treatment of interphalangeal joint dislocation; without anesthesia</b>	<b>Global:</b> 010	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 695	<b>2007 Work RVU:</b> 1.25 <b>2007 NF PE RVU:</b> 1.27 <b>2007 Fac PE RVU:</b> 0.79 <b>2016 Work RVU:</b> 1.28 <b>2016 NF PE RVU:</b> 1.89 <b>2016 Fac PE RVU:</b> 1.10
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article submitted to be published Sep or Oct 2016
					<b>Result:</b> PE Only
<hr/>					
<b>28725</b>	<b>Arthrodesis; subtalar</b>	<b>Global:</b> 090	<b>Issue:</b> Foot Arthrodesis	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AOFAS, APMA, AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 3,443	<b>2007 Work RVU:</b> 11.97 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.93 <b>2016 Work RVU:</b> 11.22 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 9.42
<b>RUC Recommendation:</b> 12.18			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>Result:</b> Maintain
<hr/>					
<b>28730</b>	<b>Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;</b>	<b>Global:</b> 090	<b>Issue:</b> Foot Arthrodesis	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AOFAS, APMA, AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,509	<b>2007 Work RVU:</b> 12.21 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.32 <b>2016 Work RVU:</b> 10.70 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 8.86
<b>RUC Recommendation:</b> 12.42			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>Result:</b> Maintain
<hr/>					
<b>28740</b>	<b>Arthrodesis, midtarsal or tarsometatarsal, single joint</b>	<b>Global:</b> 090	<b>Issue:</b> Arthrodesis	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 3,269	<b>2007 Work RVU:</b> 9.09 <b>2007 NF PE RVU:</b> 10.89 <b>2007 Fac PE RVU:</b> 6.37 <b>2016 Work RVU:</b> 9.29 <b>2016 NF PE RVU:</b> 13.85 <b>2016 Fac PE RVU:</b> 7.37
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>Result:</b> PE Only
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>28825</b>	<b>Amputation, toe; interphalangeal joint</b>			<b>Global:</b> 090	<b>Issue:</b> Partial Amputation of Toe	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b>	AOFAS, ACS, APMA, AAOS, SVS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 12,526	<b>2007 Work RVU:</b> 3.71 <b>2007 NF PE RVU:</b> 7.04 <b>2007 Fac PE RVU:</b> 3.4 <b>Result:</b> Increase	<b>2016 Work RVU:</b> 5.37 <b>2016 NF PE RVU:</b> 9.60 <b>2016 Fac PE RVU:</b> 4.67
<b>RUC Recommendation:</b> 6.01				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>29075</b>	<b>Application, cast; elbow to finger (short arm)</b>			<b>Global:</b> 000	<b>Issue:</b> Application of Forearm Cast	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b>	AAOS, ASSH	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 70,823	<b>2007 Work RVU:</b> 0.77 <b>2007 NF PE RVU:</b> 1.25 <b>2007 Fac PE RVU:</b> 0.68 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.77 <b>2016 NF PE RVU:</b> 1.60 <b>2016 Fac PE RVU:</b> 0.90
<b>RUC Recommendation:</b> 0.77				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>29200</b>	<b>Strapping; thorax</b>			<b>Global:</b> 000	<b>Issue:</b> Strapping Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b>	APTA	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 17,850	<b>2007 Work RVU:</b> 0.65 <b>2007 NF PE RVU:</b> 0.69 <b>2007 Fac PE RVU:</b> 0.34 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.39 <b>2016 NF PE RVU:</b> 0.43 <b>2016 Fac PE RVU:</b> 0.11
<b>RUC Recommendation:</b> 0.39				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>29220</b>	<b>Deleted from CPT</b>			<b>Global:</b> 000	<b>Issue:</b> Strapping; low back	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57	<b>Specialty Developing Recommendation:</b>	AAFP	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.64 <b>2007 NF PE RVU:</b> 0.69 <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> October 2008 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Deleted from CPT, no further action necessary		

# Status Report: CMS Requests and Relativity Assessment Issues

**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	2015e Medicare Utilization: 27,662	2007 Work RVU: 0.71 2007 NF PE RVU: 0.81 2007 Fac PE RVU: 0.37 Result: Decrease	2016 Work RVU: 0.39 2016 NF PE RVU: 0.41 2016 Fac PE RVU: 0.12
RUC Recommendation: 0.39				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		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	2015e Medicare Utilization: 7,051	2007 Work RVU: 0.55 2007 NF PE RVU: 0.72 2007 Fac PE RVU: 0.33 Result: Decrease	2016 Work RVU: 0.39 2016 NF PE RVU: 0.40 2016 Fac PE RVU: 0.13
RUC Recommendation: 0.39				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		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	2015e Medicare Utilization: 6,026	2007 Work RVU: 0.51 2007 NF PE RVU: 0.77 2007 Fac PE RVU: 0.33 Result: Decrease	2016 Work RVU: 0.39 2016 NF PE RVU: 0.41 2016 Fac PE RVU: 0.15
RUC Recommendation: 0.39				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

**29445** Application of rigid total contact leg cast Global: 000 Issue: Application of Rigid Leg Cast Screen: High Volume Growth3 Complete? Yes

Most Recent RUC Meeting: April 2016	Tab 17	Specialty Developing Recommendation:	AAOS, AHKNS, AOFAS, AOA, NASS	First Identified: October 2015	2015e Medicare Utilization: 35,961	2007 Work RVU: 1.78 2007 NF PE RVU: 1.76 2007 Fac PE RVU: 0.96 Result: Maintain	2016 Work RVU: 1.78 2016 NF PE RVU: 1.88 2016 Fac PE RVU: 1.01
RUC Recommendation: 1.78				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>29520</b>	Strapping; hip			<b>Global:</b> 000	<b>Issue:</b> Strapping Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b>	APTA	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 21,139	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 0.81 <b>2007 Fac PE RVU:</b> 0.45 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.39 <b>2016 NF PE RVU:</b> 0.48 <b>2016 Fac PE RVU:</b> 0.12
<b>RUC Recommendation:</b> 0.39				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>29530</b>	Strapping; knee			<b>Global:</b> 000	<b>Issue:</b> Strapping Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b>	APTA	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 46,256	<b>2007 Work RVU:</b> 0.57 <b>2007 NF PE RVU:</b> 0.75 <b>2007 Fac PE RVU:</b> 0.34 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.39 <b>2016 NF PE RVU:</b> 0.40 <b>2016 Fac PE RVU:</b> 0.11
<b>RUC Recommendation:</b> 0.39				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>29540</b>	Strapping; ankle and/or foot			<b>Global:</b> 000	<b>Issue:</b> Strapping Lower Extremity	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	APMA	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 249,407	<b>2007 Work RVU:</b> 0.51 <b>2007 NF PE RVU:</b> 0.45 <b>2007 Fac PE RVU:</b> 0.31 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.39 <b>2016 NF PE RVU:</b> 0.32 <b>2016 Fac PE RVU:</b> 0.10
<b>RUC Recommendation:</b> 0.39				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>29550</b>	Strapping; toes			<b>Global:</b> 000	<b>Issue:</b> Strapping Lower Extremity	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	APMA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 61,153	<b>2007 Work RVU:</b> 0.47 <b>2007 NF PE RVU:</b> 0.46 <b>2007 Fac PE RVU:</b> 0.29 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.25 <b>2016 NF PE RVU:</b> 0.27 <b>2016 Fac PE RVU:</b> 0.06
<b>RUC Recommendation:</b> 0.25				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**29580** Strapping; Unna boot **Global:** 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** April 2016 **Tab** 18 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2015e Medicare Utilization:** 302,396

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

**2007 Work RVU:** 0.55 **2016 Work RVU:** 0.55  
**2007 NF PE RVU:** 0.67 **2016 NF PE RVU:** 0.88  
**2007 Fac PE RVU:** 0.35 **2016 Fac PE RVU:** 0.40  
**Result:**

**29581** Application of multi-layer compression system; leg (below knee), including ankle and foot **Global:** 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** April 2016 **Tab** 18 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2015e Medicare Utilization:** 149,067

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

**2007 Work RVU:** 0.25 **2016 Work RVU:** 0.25  
**2007 NF PE RVU:** 1.49 **2016 NF PE RVU:** 1.49  
**2007 Fac PE RVU:** 0.10 **2016 Fac PE RVU:** 0.10  
**Result:**

**29582** Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2015e Medicare Utilization:** 5,786

**RUC Recommendation:** Develop CPT Assistant Article **Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2016

**2007 Work RVU:** 0.35 **2016 Work RVU:** 0.35  
**2007 NF PE RVU:** 1.63 **2016 NF PE RVU:** 1.63  
**2007 Fac PE RVU:** 0.09 **2016 Fac PE RVU:** 0.09  
**Result:**

**29583** Application of multi-layer compression system; upper arm and forearm **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2015e Medicare Utilization:** 348

**RUC Recommendation:** Develop CPT Assistant Article **Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2016

**2007 Work RVU:** 0.25 **2016 Work RVU:** 0.25  
**2007 NF PE RVU:** 0.98 **2016 NF PE RVU:** 0.98  
**2007 Fac PE RVU:** 0.06 **2016 Fac PE RVU:** 0.06  
**Result:**

# Status Report: CMS Requests and Relativity Assessment Issues

**29584** Application of multi-layer compression system; upper arm, forearm, hand, and fingers **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2015e Medicare Utilization:** 1,419 **2007 Work RVU:** **2016 Work RVU:** 0.35 **2007 NF PE RVU:** **2016 NF PE RVU:** 1.63 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.09

**RUC Recommendation:** Develop CPT Assistant Article **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2016 **Result:**

**29590** Denis-Browne splint strapping **Global:** 000 **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2015e Medicare Utilization:** **2007 Work RVU:** 0.76 **2016 Work RVU:** **2007 NF PE RVU:** 0.54 **2016 NF PE RVU:** **2007 Fac PE RVU:** 0.29 **2016 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Refer to CPT for deletion **Referred to CPT** February 2012 **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 **2015e Medicare Utilization:** 661 **2007 Work RVU:** 5.94 **2016 Work RVU:** 6.03 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 5.44 **2016 Fac PE RVU:** 6.38 **Result:** PE Only

**RUC Recommendation:** No NF PE inputs **Referred to CPT** **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 **2015e Medicare Utilization:** 15,532 **2007 Work RVU:** 7.49 **2016 Work RVU:** 7.60 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 6.43 **2016 Fac PE RVU:** 7.47 **Result:** Remove from Screen

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

# Status Report: CMS Requests and Relativity Assessment Issues

**29823** Arthroscopy, shoulder, surgical; debridement, extensive

**Global:** 090

**Issue:**

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 27

**Specialty Developing Recommendation:** AAOS

**First Identified:** October 2012

**2015e Medicare Utilization:** 27,328

**2007 Work RVU:** 8.24

**2016 Work RVU:** 8.36

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 6.94

**2016 Fac PE RVU:** 8.09

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**29824** Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)

**Global:** 090

**Issue:** RAW

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing Recommendation:** AAOS

**First Identified:** February 2010

**2015e Medicare Utilization:** 40,543

**2007 Work RVU:** 8.82

**2016 Work RVU:** 8.98

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 7.3

**2016 Fac PE RVU:** 8.78

**Result:** Maintain

**RUC Recommendation:** 8.82

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**29826** Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** RAW

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing Recommendation:** AAOS

**First Identified:** February 2010

**2015e Medicare Utilization:** 77,495

**2007 Work RVU:** 9.05

**2016 Work RVU:** 3.00

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 7.21

**2016 Fac PE RVU:** 1.52

**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

29827 Arthroscopy, shoulder, surgical; with rotator cuff repair			Global: 090	Issue: RAW	Screen: CMS Fastest Growing/ Codes Reported Together 75% or More- Part1 / Pre-Time Analysis	Complete? Yes						
Most Recent RUC Meeting:	October 2015	Tab 21	Specialty Developing Recommendation:	AAOS	First Identified:	October 2008	2015e Medicare Utilization:	61,847	2007 Work RVU:	15.44	2016 Work RVU:	15.59
									2007 NF PE RVU:	NA	2016 NF PE RVU:	NA
									2007 Fac PE RVU:	11.01	2016 Fac PE RVU:	12.35
RUC Recommendation:			15.59. Maintain work RVU and adjust the times from pre-time package 3.			Referred to CPT			Result:			Maintain
						Referred to CPT Asst			<input type="checkbox"/>	Published in CPT Asst:		
29828 Arthroscopy, shoulder, surgical; biceps tenodesis			Global: 090	Issue: RAW	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes						
Most Recent RUC Meeting:	October 2015	Tab 21	Specialty Developing Recommendation:	AAOS	First Identified:	February 2010	2015e Medicare Utilization:	13,012	2007 Work RVU:		2016 Work RVU:	13.16
									2007 NF PE RVU:		2016 NF PE RVU:	NA
									2007 Fac PE RVU:		2016 Fac PE RVU:	10.93
RUC Recommendation:			13.16			Referred to CPT			Result:			Maintain
						Referred to CPT Asst			<input type="checkbox"/>	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	2015e Medicare Utilization:	148	2007 Work RVU:	5.80	2016 Work RVU:	5.88
									2007 NF PE RVU:	NA	2016 NF PE RVU:	NA
									2007 Fac PE RVU:	5.14	2016 Fac PE RVU:	6.20
RUC Recommendation:			No NF PE inputs			Referred to CPT			Result:			PE Only
						Referred to CPT Asst			<input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>29840</b>	<b>Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)</b>		<b>Global:</b> 090	<b>Issue:</b> Arthroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 51	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 103	<b>2007 Work RVU:</b> 5.59 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.16 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 5.68 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 6.21
<b>RUC Recommendation:</b> No NF PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>29870</b>	<b>Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)</b>		<b>Global:</b> 090	<b>Issue:</b> Arthroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 1,335	<b>2007 Work RVU:</b> 5.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.72 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 5.19 <b>2016 NF PE RVU:</b> 10.58 <b>2016 Fac PE RVU:</b> 5.67
<b>RUC Recommendation:</b> New PE non-facility inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>29888</b>	<b>Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction</b>		<b>Global:</b> 090	<b>Issue:</b> ACL Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,356	<b>2007 Work RVU:</b> 14.14 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.75 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 14.30 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 11.41
<b>RUC Recommendation:</b> 14.14			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>29900</b>	<b>Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy</b>		<b>Global:</b> 090	<b>Issue:</b> Arthroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 51	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 1	<b>2007 Work RVU:</b> 5.74 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.6 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 5.88 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 6.75
<b>RUC Recommendation:</b> No NF PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>30140</b>	<b>Submucous resection inferior turbinate, partial or complete, any method</b>	<b>Global:</b> 090	<b>Issue:</b> Resection of Inferior Turbinate	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 36,796	<b>2007 Work RVU:</b> 3.48 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.29 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 3.57 and resurvey as a 000-day			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 3.57 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 8.55
<b>30465</b>	<b>Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)</b>	<b>Global:</b> 090	<b>Issue:</b> Repair Nasal Stenosis	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,531	<b>2007 Work RVU:</b> 12.20 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.58 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 12.36 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 13.96
<b>30901</b>	<b>Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method</b>	<b>Global:</b> 000	<b>Issue:</b> Control Nasal Hemorrhage	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 101,032	<b>2007 Work RVU:</b> 1.21 <b>2007 NF PE RVU:</b> 1.32 <b>2007 Fac PE RVU:</b> 0.31 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.10 <b>2016 NF PE RVU:</b> 1.46 <b>2016 Fac PE RVU:</b> 0.37

# Status Report: CMS Requests and Relativity Assessment Issues

**30903** Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2015e Medicare Utilization:** 48,924 **2007 Work RVU:** 1.54 **2016 Work RVU:** 1.54 **2007 NF PE RVU:** 2.8 **2016 NF PE RVU:** 4.55 **2007 Fac PE RVU:** 0.47 **2016 Fac PE RVU:** 0.56 **RUC Recommendation:** 1.54 **Result:** Maintain

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

**30905** Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2015e Medicare Utilization:** 6,119 **2007 Work RVU:** 1.97 **2016 Work RVU:** 1.97 **2007 NF PE RVU:** 3.57 **2016 NF PE RVU:** 5.48 **2007 Fac PE RVU:** 0.69 **2016 Fac PE RVU:** 0.82 **RUC Recommendation:** 1.97 **Result:** Maintain

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

**30906** Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2015e Medicare Utilization:** 964 **2007 Work RVU:** 2.45 **2016 Work RVU:** 2.45 **2007 NF PE RVU:** 3.91 **2016 NF PE RVU:** 7.16 **2007 Fac PE RVU:** 1.07 **2016 Fac PE RVU:** 1.16 **RUC Recommendation:** 2.45 **Result:** Maintain

**Referred to CPT**  
**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 **2015e Medicare Utilization:** 532,350 **2007 Work RVU:** 1.10 **2016 Work RVU:** 1.10 **2007 NF PE RVU:** 3.37 **2016 NF PE RVU:** 4.75 **2007 Fac PE RVU:** 0.84 **2016 Fac PE RVU:** 0.63 **RUC Recommendation:** 1.10 **Result:** Maintain

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31237</b>	<b>Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 113,475	<b>2007 Work RVU:</b> 2.98 <b>2007 NF PE RVU:</b> 5.03 <b>2007 Fac PE RVU:</b> 1.72 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.60 <b>2016 NF PE RVU:</b> 4.44 <b>2016 Fac PE RVU:</b> 1.69
<hr/>					
<b>31238</b>	<b>Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 27,787	<b>2007 Work RVU:</b> 3.26 <b>2007 NF PE RVU:</b> 5.04 <b>2007 Fac PE RVU:</b> 1.9 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.74			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.74 <b>2016 NF PE RVU:</b> 4.27 <b>2016 Fac PE RVU:</b> 1.75
<hr/>					
<b>31239</b>	<b>Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy</b>	<b>Global:</b> 010	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 1,259	<b>2007 Work RVU:</b> 9.23 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.59 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 9.04			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 9.04 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 7.64
<hr/>					
<b>31240</b>	<b>Nasal/sinus endoscopy, surgical; with concha bullosa resection</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 5,009	<b>2007 Work RVU:</b> 2.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.59 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.61			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.61 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.66

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31254</b>	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	<b>Global:</b> 000	<b>Issue:</b> Function Endoscopic Sinus Surgery Services (PE Only)	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 10,605	<b>2007 Work RVU:</b> 4.64 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.57 <b>2016 Work RVU:</b> 4.64 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.57
<b>RUC Recommendation:</b>			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>31255</b>	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	<b>Global:</b> 000	<b>Issue:</b> Function Endoscopic Sinus Surgery Services (PE Only)	<b>Screen:</b> Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2015e Medicare Utilization:</b> 30,350	<b>2007 Work RVU:</b> 6.95 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.69 <b>2016 Work RVU:</b> 6.95 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.61
<b>RUC Recommendation:</b> Refer to CPT to bundle			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>31256</b>	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	<b>Global:</b> 000	<b>Issue:</b> Function Endoscopic Sinus Surgery Services (PE Only)	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 15,896	<b>2007 Work RVU:</b> 3.29 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.92 <b>2016 Work RVU:</b> 3.29 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.96
<b>RUC Recommendation:</b>			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus			Global: 000	Issue: Function Endoscopic Sinus Surgery Services (PE Only)	Screen: CMS Request - Final Rule for 2016	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: July 2015	2015e Medicare Utilization: 26,263	2007 Work RVU: 5.45 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.96	2016 Work RVU: 5.45 2016 NF PE RVU: NA 2016 Fac PE RVU: 2.93
RUC Recommendation:				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:	
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus			Global: 000	Issue: Function Endoscopic Sinus Surgery Services (PE Only)	Screen: Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	AAOHNS	First Identified: April 2015	2015e Medicare Utilization: 21,851	2007 Work RVU: 8.84 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.58	2016 Work RVU: 8.84 2016 NF PE RVU: NA 2016 Fac PE RVU: 4.46
RUC Recommendation: Refer to CPT to bundle				Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:	
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;			Global: 000	Issue: Function Endoscopic Sinus Surgery Services (PE Only)	Screen: Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	AAOHNS	First Identified: April 2015	2015e Medicare Utilization: 8,848	2007 Work RVU: 3.91 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.22	2016 Work RVU: 3.91 2016 NF PE RVU: NA 2016 Fac PE RVU: 2.24
RUC Recommendation: Refer to CPT to bundle				Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:	

## Status Report: CMS Requests and Relativity Assessment Issues

31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus			Global: 000	Issue: Function Endoscopic Sinus Surgery Services (PE Only)	Screen: Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	Complete?	No												
Most Recent RUC Meeting:	April 2015	Tab	Specialty Developing Recommendation:	AAOHNS	First Identified:	April 2015	2015e Medicare Utilization:	9,686	2007 Work RVU:	4.57	2016 Work RVU:	4.57	2007 NF PE RVU:	NA	2016 NF PE RVU:	NA	2007 Fac PE RVU:	2.54	2016 Fac PE RVU:	2.53
RUC Recommendation:					Refer to CPT to bundle					Referred to CPT					September 2016					
					Referred to CPT Asst					<input type="checkbox"/>					Published in CPT Asst:					
<hr/>																				
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)			Global: 000	Issue: Joint WG to bundle	Screen: Codes Reported Together 75% or More-Part3	Complete?	No												
Most Recent RUC Meeting:	April 2015	Tab	Specialty Developing Recommendation:	AAOHNS	First Identified:	April 2015	2015e Medicare Utilization:	26,629	2007 Work RVU:		2016 Work RVU:	3.29	2007 NF PE RVU:		2016 NF PE RVU:	55.81	2007 Fac PE RVU:		2016 Fac PE RVU:	1.92
RUC Recommendation:					Refer to CPT to bundle					Referred to CPT					September 2016					
					Referred to CPT Asst					<input type="checkbox"/>					Published in CPT Asst:					
<hr/>																				
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)			Global: 000	Issue: Joint WG to bundle	Screen: Codes Reported Together 75% or More-Part3	Complete?	No												
Most Recent RUC Meeting:	April 2015	Tab	Specialty Developing Recommendation:	AAOHNS	First Identified:	April 2015	2015e Medicare Utilization:	17,373	2007 Work RVU:		2016 Work RVU:	2.64	2007 NF PE RVU:		2016 NF PE RVU:	55.51	2007 Fac PE RVU:		2016 Fac PE RVU:	1.62
RUC Recommendation:					Refer to CPT to bundle					Referred to CPT					September 2016					
					Referred to CPT Asst					<input type="checkbox"/>					Published in CPT Asst:					

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31500</b>	Intubation, endotracheal, emergency procedure		<b>Global:</b> 000	<b>Issue:</b> Endotracheal Intubation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	January 2016	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> ACEP, ASA	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 273,609	<b>2007 Work RVU:</b> 2.33 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.52 <b>2016 Work RVU:</b> 2.33 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 0.56
<b>RUC Recommendation:</b>	3.00 and Refer to CPT Assistant			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b> Article Needed	<b>Result:</b> Increase
				<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		

<b>31571</b>	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope		<b>Global:</b> 000	<b>Issue:</b> Laryngoscopy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 5,032	<b>2007 Work RVU:</b> 4.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.36 <b>2016 Work RVU:</b> 4.26 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.39
<b>RUC Recommendation:</b>	Reduce 99238 to 0.5			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only
				<b>Referred to CPT Asst</b> <input type="checkbox"/>		

<b>31575</b>	Laryngoscopy, flexible fiberoptic; diagnostic		<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	October 2015	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 630,756	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 1.82 <b>2007 Fac PE RVU:</b> 0.84 <b>2016 Work RVU:</b> 1.10 <b>2016 NF PE RVU:</b> 2.02 <b>2016 Fac PE RVU:</b> 0.96
<b>RUC Recommendation:</b>	1.00			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
				<b>Referred to CPT Asst</b> <input type="checkbox"/>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31579</b>	<b>Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy</b>	<b>Global:</b> 000	<b>Issue:</b> Laryngoscopy	<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 70,361	<b>2007 Work RVU:</b> 2.26 <b>2007 NF PE RVU:</b> 3.5 <b>2007 Fac PE RVU:</b> 1.37 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.94			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.26 <b>2016 NF PE RVU:</b> 3.45 <b>2016 Fac PE RVU:</b> 1.50
<b>31580</b>	<b>Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal</b>	<b>Global:</b> 090	<b>Issue:</b> Laryngoplasty	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2014	<b>2015e Medicare Utilization:</b> 27	<b>2007 Work RVU:</b> 14.46 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 15.31 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 14.60			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 14.66 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 18.38
<b>31582</b>	<b>Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy</b>	<b>Global:</b> 090	<b>Issue:</b> Laryngoplasty	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2014	<b>2015e Medicare Utilization:</b> 14	<b>2007 Work RVU:</b> 22.87 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 24.48 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 23.22 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 27.99



# Status Report: CMS Requests and Relativity Assessment Issues

**31584** Laryngoplasty; with open reduction of fracture

**Global:** 090

**Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 09

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** April 2014

**2015e Medicare Utilization:** 17

**2007 Work RVU:** 20.35

**2016 Work RVU:** 20.47

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 17.19

**2016 Fac PE RVU:** 20.00

**Result:** Decrease

**RUC Recommendation:** 20.00

**Referred to CPT** October 2015

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

**31587** Laryngoplasty, cricoid split

**Global:** 090

**Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 09

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** April 2014

**2015e Medicare Utilization:** 15

**2007 Work RVU:** 15.12

**2016 Work RVU:** 15.27

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 8.96

**2016 Fac PE RVU:** 11.34

**Result:** Decrease

**RUC Recommendation:** 15.27

**Referred to CPT** October 2015

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

**31588** Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)

**Global:** 090

**Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 09

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** January 2014

**2015e Medicare Utilization:** 1,187

**2007 Work RVU:** 14.62

**2016 Work RVU:** 14.99

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 13.07

**2016 Fac PE RVU:** 15.66

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**315X1**

**Global:**

**Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 09

**Specialty Developing Recommendation:** AAOHNS

**First Identified:** October 2015

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 21.50

**Referred to CPT** October 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

315X2

Global: Issue: Laryngoplasty

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 09

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: October 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Decrease

RUC Recommendation: 20.50

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

315X3

Global: Issue: Laryngoplasty

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 09

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: October 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Decrease

RUC Recommendation: 22.00

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

315X4

Global: Issue: Laryngoplasty

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 09

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: October 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Decrease

RUC Recommendation: 22.00

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

315X5

Global: Issue: Laryngoplasty

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 09

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: October 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Decrease

RUC Recommendation: 15.60

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>315X6</b>				<b>Global:</b>	<b>Issue:</b> Laryngoplasty	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b>	AAOHNS	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b>
						<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b>
						<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 25.00				<b>Referred to CPT</b> October 2015		<b>Result:</b> Decrease	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>31600</b> Tracheostomy, planned (separate procedure);				<b>Global:</b> 000	<b>Issue:</b> Tracheostomy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b>	AAOHNS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 30,218	<b>2007 Work RVU:</b> 7.17	<b>2016 Work RVU:</b> 7.17
						<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
						<b>2007 Fac PE RVU:</b> 2.95	<b>2016 Fac PE RVU:</b> 2.97
<b>RUC Recommendation:</b> 5.56				<b>Referred to CPT</b>		<b>Result:</b> Increase	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>31601</b> Tracheostomy, planned (separate procedure); younger than 2 years				<b>Global:</b> 000	<b>Issue:</b> Tracheostomy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b>	AAOHNS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 3	<b>2007 Work RVU:</b> 4.44	<b>2016 Work RVU:</b> 4.44
						<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
						<b>2007 Fac PE RVU:</b> 2.21	<b>2016 Fac PE RVU:</b> 2.38
<b>RUC Recommendation:</b> 8.00				<b>Referred to CPT</b>		<b>Result:</b> Increase	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>31603</b> Tracheostomy, emergency procedure; transtracheal				<b>Global:</b> 000	<b>Issue:</b> Tracheostomy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b>	AAOHNS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 1,062	<b>2007 Work RVU:</b> 4.14	<b>2016 Work RVU:</b> 4.14
						<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
						<b>2007 Fac PE RVU:</b> 1.57	<b>2016 Fac PE RVU:</b> 1.63
<b>RUC Recommendation:</b> 6.00				<b>Referred to CPT</b>		<b>Result:</b> Increase	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31605</b>	Tracheostomy, emergency procedure; cricothyroid membrane	Global: 000	Issue: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab 21 Specialty Developing Recommendation: AAOHNS	First Identified: July 2015	2015e Medicare Utilization: 319	2007 Work RVU: 3.57 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.1 Result: Increase	2016 Work RVU: 3.57 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.08
RUC Recommendation: 6.45		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

<b>31610</b>	Tracheostomy, fenestration procedure with skin flaps	Global: 090	Issue: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2	Complete? No
Most Recent RUC Meeting: April 2016	Tab 21 Specialty Developing Recommendation: AAOHNS	First Identified: July 2015	2015e Medicare Utilization: 1,722	2007 Work RVU: 9.29 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.99 Result: Maintain	2016 Work RVU: 9.38 2016 NF PE RVU: NA 2016 Fac PE RVU: 9.77
RUC Recommendation: 9.38 and resurvey as a 000-day global		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

<b>31611</b>	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	2015e Medicare Utilization: 855	2007 Work RVU: 5.92 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.92 Result: PE Only	2016 Work RVU: 6.00 2016 NF PE RVU: NA 2016 Fac PE RVU: 8.68
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

<b>31620</b>	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	2015e Medicare Utilization: 29,316	2007 Work RVU: 1.40 2007 NF PE RVU: 5.73 2007 Fac PE RVU: 0.5 Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31622</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Bronchial Aspiration of Tracheobronchial Tree	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 64,158	<b>2007 Work RVU:</b> 2.78 <b>2007 NF PE RVU:</b> 5.55 <b>2007 Fac PE RVU:</b> 1.02 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 2.78 <b>2016 NF PE RVU:</b> 5.57 <b>2016 Fac PE RVU:</b> 1.07
<b>RUC Recommendation:</b> 2.78		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31625</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 22,012	<b>2007 Work RVU:</b> 3.36 <b>2007 NF PE RVU:</b> 5.73 <b>2007 Fac PE RVU:</b> 1.17 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 3.36 <b>2016 NF PE RVU:</b> 7.59 <b>2016 Fac PE RVU:</b> 1.21
<b>RUC Recommendation:</b> 3.36		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31626</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 2,389	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 4.16 <b>2016 NF PE RVU:</b> 21.27 <b>2016 Fac PE RVU:</b> 1.47
<b>RUC Recommendation:</b> 4.16		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31628</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 34,864	<b>2007 Work RVU:</b> 3.80 <b>2007 NF PE RVU:</b> 7.02 <b>2007 Fac PE RVU:</b> 1.26 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 3.80 <b>2016 NF PE RVU:</b> 7.76 <b>2016 Fac PE RVU:</b> 1.33
<b>RUC Recommendation:</b> 3.80		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>31629</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 31,872	<b>2007 Work RVU:</b> 4.09	<b>2016 Work RVU:</b> 4.00
					<b>2007 NF PE RVU:</b> 13.7	<b>2016 NF PE RVU:</b> 9.80
					<b>2007 Fac PE RVU:</b> 1.35	<b>2016 Fac PE RVU:</b> 1.39
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> October 2014		<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>31632</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 3,620	<b>2007 Work RVU:</b> 1.03	<b>2016 Work RVU:</b> 1.03
					<b>2007 NF PE RVU:</b> 0.83	<b>2016 NF PE RVU:</b> 1.02
					<b>2007 Fac PE RVU:</b> 0.3	<b>2016 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 1.03			<b>Referred to CPT</b>		<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>31633</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 11,662	<b>2007 Work RVU:</b> 1.32	<b>2016 Work RVU:</b> 1.32
					<b>2007 NF PE RVU:</b> 0.94	<b>2016 NF PE RVU:</b> 1.20
					<b>2007 Fac PE RVU:</b> 0.38	<b>2016 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> 1.32			<b>Referred to CPT</b>		<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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## Status Report: CMS Requests and Relativity Assessment Issues

31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application			Global: 000	Issue: Bronchial Aspiration of Tracheobronchial Tree	Screen: Harvard Valued - Utilization over 30,000-Part2	Complete?	No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: May 2016	2015e Medicare Utilization: 273	2007 Work RVU: 3.49 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.19 Result:	2016 Work RVU: 3.49 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.30	
RUC Recommendation:				Referred to CPT May 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)			Global: 000	Issue: Bronchial Aspiration of Tracheobronchial Tree	Screen: Harvard Valued - Utilization over 30,000-Part2	Complete?	No
Most Recent RUC Meeting:	Tab 22	Specialty Developing Recommendation:	ATS, CHEST	First Identified: October 2015	2015e Medicare Utilization: 31,949	2007 Work RVU: 3.16 2007 NF PE RVU: 5.05 2007 Fac PE RVU: 1.09 Result:	2016 Work RVU: 3.16 2016 NF PE RVU: 5.77 2016 Fac PE RVU: 1.21	
RUC Recommendation:			Revised at CPT	Referred to CPT May 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent			Global: 000	Issue: Bronchial Aspiration of Tracheobronchial Tree	Screen: Harvard Valued - Utilization over 30,000-Part2	Complete?	No
Most Recent RUC Meeting:	Tab 22	Specialty Developing Recommendation:	ATS, CHEST	First Identified: October 2015	2015e Medicare Utilization: 4,255	2007 Work RVU: 2.72 2007 NF PE RVU: 4.76 2007 Fac PE RVU: 0.97 Result:	2016 Work RVU: 2.72 2016 NF PE RVU: 5.31 2016 Fac PE RVU: 1.06	
RUC Recommendation:			Revised at CPT	Referred to CPT May 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31652</b>	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	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ATS, ACCP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 4.71 <b>2016 NF PE RVU:</b> 20.56 <b>2016 Fac PE RVU:</b> 1.61
<b>RUC Recommendation:</b> 5.00		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31653</b>	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	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ATS, ACCP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 5.21 <b>2016 NF PE RVU:</b> 21.62 <b>2016 Fac PE RVU:</b> 1.76
<b>RUC Recommendation:</b> 5.50		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31654</b>	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])	<b>Global:</b> ZZZ	<b>Issue:</b> Bronchial Aspiration of Tracheobronchial Tree	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ATS, ACCP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.40 <b>2016 NF PE RVU:</b> 1.56 <b>2016 Fac PE RVU:</b> 0.42
<b>RUC Recommendation:</b> 1.70		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 3.99

**2016 Work RVU:**

**2007 NF PE RVU:** 20.21

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 1.26

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**Result:** Deleted from CPT

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 2.18

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.66

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**Result:** Deleted from CPT

**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

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**Result:** Deleted from CPT

**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

**2015e Medicare Utilization:** 421

**2007 Work RVU:** 27.17

**2016 Work RVU:** 27.28

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 12.44

**2016 Fac PE RVU:** 12.04

**RUC Recommendation:** No reliable way to determine incremental difference between open thoracotomy to thorascopic procedures.

**Referred to CPT**

**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

**2015e Medicare Utilization:** 7,105

**2007 Work RVU:** 25.71

**2016 Work RVU:** 25.82

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 11.63

**2016 Fac PE RVU:** 11.29

**RUC Recommendation:** No reliable way to determine incremental difference between open thoracotomy to thorascopic procedures.

**Referred to CPT**

**Result:** Remove from Screen

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>32482</b>	<b>Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> November 2011	<b>2015e Medicare Utilization:</b> 533	<b>2007 Work RVU:</b> 27.28 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.48 <b>2016 Work RVU:</b> 27.44 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 12.39
<b>RUC Recommendation:</b> No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.			<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>32491</b>	<b>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</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> November 2011	<b>2015e Medicare Utilization:</b> 29	<b>2007 Work RVU:</b> 25.09 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.13 <b>2016 Work RVU:</b> 25.24 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 11.81
<b>RUC Recommendation:</b> Request further information from CMS			<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>32551</b>	<b>Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Chest Tube Thoracostomy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 35,900	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 3.29 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.10
<b>RUC Recommendation:</b> 3.50			<b>Referred to CPT</b> February 2012		<b>Result:</b> Increase
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>32554</b>	<b>Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Chest Tube Interventions	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACCP, ACR, ATS, SIR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 19,152	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.82			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 1.82 <b>2016 NF PE RVU:</b> 3.69 <b>2016 Fac PE RVU:</b> 0.59
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<b>32555</b>	<b>Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Chest Tube Interventions	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACCP, ACR, ATS, SIR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 203,418	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.27			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 2.27 <b>2016 NF PE RVU:</b> 5.76 <b>2016 Fac PE RVU:</b> 0.78
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<b>32556</b>	<b>Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Chest Tube Interventions	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACCP, ACR, ATS, SIR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 3,542	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.50			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 2.50 <b>2016 NF PE RVU:</b> 12.60 <b>2016 Fac PE RVU:</b> 0.83
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<b>32557</b>	<b>Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Chest Tube Interventions	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACCP, ACR, ATS, SIR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 34,802	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.62			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 3.12 <b>2016 NF PE RVU:</b> 11.24 <b>2016 Fac PE RVU:</b> 1.03
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# 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 Tab 34 Specialty Developing STS  
RUC Meeting: January 2013 Recommendation:

First Identified: October 2008

2015e  
Medicare  
Utilization: 6,772

2007 Work RVU: 24.56 2016 Work RVU: 24.64  
2007 NF PE RVU: NA 2016 NF PE RVU: NA  
2007 Fac PE RVU: 10.44 2016 Fac PE RVU: 10.50  
Result: Remove from Screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoroscopic procedures.

Referred to CPT

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 Tab 10 Specialty Developing ACC  
RUC Meeting: April 2011 Recommendation:

First Identified: February 2010

2015e  
Medicare  
Utilization: 17,986

2007 Work RVU: 9.05 2016 Work RVU: 8.05  
2007 NF PE RVU: NA 2016 NF PE RVU: NA  
2007 Fac PE RVU: 4.95 2016 Fac PE RVU: 4.33  
Result: Maintain

RUC Recommendation: 8.05

Referred to CPT February 2011

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 Tab 10 Specialty Developing ACC  
RUC Meeting: April 2011 Recommendation:

First Identified: February 2010

2015e  
Medicare  
Utilization: 103,512

2007 Work RVU: 8.12 2016 Work RVU: 8.77  
2007 NF PE RVU: NA 2016 NF PE RVU: NA  
2007 Fac PE RVU: 4.95 2016 Fac PE RVU: 4.62  
Result: Maintain

RUC Recommendation: 8.77

Referred to CPT February 2011

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33212</b> Insertion of pacemaker pulse generator only; with existing single lead				<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 1,009	<b>2007 Work RVU:</b> 5.51	<b>2016 Work RVU:</b> 5.26	
<b>RUC Recommendation:</b> 5.26				<b>Referred to CPT</b> February 2011	<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 Fac PE RVU:</b> 3.46	<b>2016 Fac PE RVU:</b> 3.17	
				<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		
<b>33213</b> Insertion of pacemaker pulse generator only; with existing dual leads				<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> CMS Fastest Growing / Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 2,960	<b>2007 Work RVU:</b> 6.36	<b>2016 Work RVU:</b> 5.53	
<b>RUC Recommendation:</b> 5.53				<b>Referred to CPT</b> February 2011	<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 Fac PE RVU:</b> 3.87	<b>2016 Fac PE RVU:</b> 3.26	
				<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		
<b>33221</b> Insertion of pacemaker pulse generator only; with existing multiple leads				<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 370	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 5.80	
<b>RUC Recommendation:</b> 5.80				<b>Referred to CPT</b> February 2011	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> NA	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 3.64	
				<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33227</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system				<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes		
<b>Most Recent RUC Meeting:</b>	September 2011	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	ACC	<b>First Identified:</b>	April 2011	<b>2015e Medicare Utilization:</b>	7,104	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 5.50
<b>RUC Recommendation:</b>	5.50				<b>Referred to CPT</b>	February 2011	<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b> NA
									<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 3.37
									<b>Result:</b> Decrease	
<hr/>										
<b>33228</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system				<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes		
<b>Most Recent RUC Meeting:</b>	September 2011	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	ACC	<b>First Identified:</b>	April 2011	<b>2015e Medicare Utilization:</b>	39,601	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 5.77
<b>RUC Recommendation:</b>	5.77				<b>Referred to CPT</b>	February 2011	<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b> NA
									<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 3.47
									<b>Result:</b> Decrease	
<hr/>										
<b>33229</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system				<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes		
<b>Most Recent RUC Meeting:</b>	September 2011	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	ACC	<b>First Identified:</b>	April 2011	<b>2015e Medicare Utilization:</b>	4,011	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 6.04
<b>RUC Recommendation:</b>	6.04				<b>Referred to CPT</b>	February 2011	<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b> NA
									<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 3.70
									<b>Result:</b> Decrease	
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## 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** **Tab** 04 **Specialty Developing** ACC  
**RUC Meeting:** September 2011 **Recommendation:**

**First** **2015e**  
**Identified:** April 2011 **Medicare**  
**Utilization:** 252

**2007 Work RVU:** **2016 Work RVU:** 6.32  
**2007 NF PE RVU:** **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** 3.68  
**Result:** Decrease

**RUC Recommendation:** 6.32

**Referred to CPT** February 2011  
**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** **Tab** 04 **Specialty Developing** ACC  
**RUC Meeting:** September 2011 **Recommendation:**

**First** **2015e**  
**Identified:** April 2011 **Medicare**  
**Utilization:** 187

**2007 Work RVU:** **2016 Work RVU:** 6.59  
**2007 NF PE RVU:** **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** 3.83  
**Result:** Decrease

**RUC Recommendation:** 6.59

**Referred to CPT** February 2011  
**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** **Tab** 10 **Specialty Developing** ACC  
**RUC Meeting:** April 2011 **Recommendation:**

**First** **2015e**  
**Identified:** February 2010 **Medicare**  
**Utilization:** 9,341

**2007 Work RVU:** 3.33 **2016 Work RVU:** 3.39  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 3.29 **2016 Fac PE RVU:** 2.83  
**Result:** Maintain

**RUC Recommendation:** 3.39

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



## Status Report: CMS Requests and Relativity Assessment Issues

<b>33240</b>	Insertion of implantable defibrillator pulse generator only; with existing single lead	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 603	<b>2007 Work RVU:</b> 7.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.79 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 6.05 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.49
<b>RUC Recommendation:</b> 6.06		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>33241</b>	Removal of implantable defibrillator pulse generator only	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 7,113	<b>2007 Work RVU:</b> 3.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.99 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 3.29 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.53
<b>RUC Recommendation:</b> 3.29		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>33249</b>	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 47,822	<b>2007 Work RVU:</b> 15.02 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.89 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 15.17 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 8.14
<b>RUC Recommendation:</b> 15.17		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>33262</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 5,095	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 6.06 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.67
<b>RUC Recommendation:</b> 6.06		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>33263</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 10,735	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 6.33 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.78
<b>RUC Recommendation:</b> 6.33		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>33264</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 17,607	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 6.60 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.93
<b>RUC Recommendation:</b> 6.60		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>33282</b>	Implantation of patient-activated cardiac event recorder		<b>Global:</b> 090	<b>Issue:</b> Implantation and Removal of Patient Activated Cardiac Event Recorder	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 30,242	<b>2007 Work RVU:</b> 4.70 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.1 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 3.50 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.58
<b>RUC Recommendation:</b> 3.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>33284</b>	Removal of an implantable, patient-activated cardiac event recorder		<b>Global:</b> 090	<b>Issue:</b> Implantation and Removal of Patient Activated Cardiac Event Recorder	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 6,980	<b>2007 Work RVU:</b> 3.04 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.5 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 3.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.40
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>33405</b>	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve		<b>Global:</b> 090	<b>Issue:</b> Valve Replacement and CABG Procedures	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 40	<b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 28,620	<b>2007 Work RVU:</b> 41.19 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 17.58 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 41.32 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 15.55
<b>RUC Recommendation:</b> 41.32			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# 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 IWP/UT / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

**First Identified:** February 2008

**2015e Medicare Utilization:** 8,304

**2007 Work RVU:** 50.75

**2016 Work RVU:** 50.93

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 17.71

**2016 Fac PE RVU:** 19.18

**Result:** Maintain

**RUC Recommendation:** 50.93

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**33533** Coronary artery bypass, using arterial graft(s); single arterial graft

**Global:** 090

**Issue:** Valve Replacement and CABG Procedures

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

**First Identified:** September 2011

**2015e Medicare Utilization:** 64,294

**2007 Work RVU:** 33.64

**2016 Work RVU:** 33.75

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 15.55

**2016 Fac PE RVU:** 13.15

**Result:** Increase

**RUC Recommendation:** 34.98

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**33620** Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)

**Global:** 090

**Issue:** New Technology Review

**Screen:** New Technology/New Services

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab** 29 **Specialty Developing Recommendation:** STS

**First Identified:** January 2015

**2015e Medicare Utilization:** 46

**2007 Work RVU:**

**2016 Work RVU:** 30.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 7.88

**Result:** Maintain

**RUC Recommendation:** CPT Article published July 2016

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** July 2016

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33621</b>	<b>Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)</b>	<b>Global:</b> 090	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> January 2015	<b>2015e Medicare Utilization:</b> 2	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 16.18 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 7.30
<b>RUC Recommendation:</b> CPT Assistant published July 2016		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> July 2016	<b>Result:</b> Maintain	
<hr/>					
<b>33622</b>	<b>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)</b>	<b>Global:</b> 090	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> January 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 64.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 26.96
<b>RUC Recommendation:</b> CPT Assistant published July 2016		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> July 2016	<b>Result:</b> Maintain	
<hr/>					
<b>33863</b>	<b>Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)</b>	<b>Global:</b> 090	<b>Issue:</b> Aortic Graft	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S <b>Specialty Developing Recommendation:</b> STS, AATS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 1,731	<b>2007 Work RVU:</b> 58.71 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 19.01	<b>2016 Work RVU:</b> 58.79 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 19.84
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> 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:

2015e  
Medicare  
Utilization: 624

2007 Work RVU: 89.08

2016 Work RVU: 89.50

2007 NF PE RVU: NA

2016 NF PE RVU: NA

2007 Fac PE RVU: 23.74

2016 Fac PE RVU: 31.72

Result: Maintain

RUC Recommendation: 16.00

Referred to CPT February 2014

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:

2015e  
Medicare  
Utilization: 299

2007 Work RVU:

2016 Work RVU: 6.00

2007 NF PE RVU:

2016 NF PE RVU: NA

2007 Fac PE RVU:

2016 Fac PE RVU: 1.82

Result: Maintain

RUC Recommendation: 6.00

Referred to CPT February 2014

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:

2015e  
Medicare  
Utilization: 741

2007 Work RVU:

2016 Work RVU: 6.63

2007 NF PE RVU:

2016 NF PE RVU: NA

2007 Fac PE RVU:

2016 Fac PE RVU: 2.02

Result: Maintain

RUC Recommendation: 6.63

Referred to CPT February 2014

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:

2015e  
Medicare  
Utilization: 1,897

2007 Work RVU:

2016 Work RVU: 4.73

2007 NF PE RVU:

2016 NF PE RVU: NA

2007 Fac PE RVU:

2016 Fac PE RVU: 1.49

Result: Maintain

RUC Recommendation: 4.73

Referred to CPT February 2014

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>33949</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	<b>Global:</b> XXX	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI, ACCP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 2,087	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 4.60			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 4.60 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.45
<b>33951</b>	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)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 8.15			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 8.15 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.76
<b>33952</b>	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)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 531	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 8.43			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 8.15 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.51

## 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:	2015e Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 9.11 2016 NF PE RVU: NA 2016 Fac PE RVU: 3.08
RUC Recommendation: 9.83			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	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:	2015e Medicare Utilization: 274	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 9.11 2016 NF PE RVU: NA 2016 Fac PE RVU: 2.79
RUC Recommendation: 9.43			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	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:	2015e Medicare Utilization: 229	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 16.00 2016 NF PE RVU: NA 2016 Fac PE RVU: 4.84
RUC Recommendation: 16.00			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	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:	2015e Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 3.51 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.43
RUC Recommendation: 4.00			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	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:	2015e Medicare Utilization: 16	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 3.51 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.32
RUC Recommendation: 4.05			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	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:	2015e Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 4.47 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.80
RUC Recommendation: 4.69			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	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 **2015e Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 19.33 **2016 Work RVU:**  
**2007 NF PE RVU:** NA **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 5.09 **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**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 **2015e Medicare Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 10.91 **2016 Work RVU:**  
**2007 NF PE RVU:** NA **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 3.45 **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**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:** **2015e Medicare Utilization:** 10

**RUC Recommendation:** 4.73 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2016 Work RVU:** 4.47  
**2007 NF PE RVU:** **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** 1.54  
**Result:** Maintain

## 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:	2015e Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 9.00 2016 NF PE RVU: NA 2016 Fac PE RVU: 3.53
RUC Recommendation: 9.00			Referred to CPT February 2014	Referred to CPT Asst <input type="checkbox"/>	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:	2015e Medicare Utilization: 14	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 9.50 2016 NF PE RVU: NA 2016 Fac PE RVU: 3.42
RUC Recommendation: 9.50			Referred to CPT February 2014	Referred to CPT Asst <input type="checkbox"/>	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:	2015e Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 3.51 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.43
RUC Recommendation: 3.51			Referred to CPT February 2014	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>33966</b>	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	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2014

**Tab** 11

**Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:**

**2015e Medicare Utilization:** 174

**2007 Work RVU:**

**2016 Work RVU:** 4.50

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.39

**Result:** Maintain

**RUC Recommendation:** 4.50

**Referred to CPT** February 2014

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

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<b>33969</b>	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	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2014

**Tab** 11

**Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:**

**2015e Medicare Utilization:** 1

**2007 Work RVU:**

**2016 Work RVU:** 5.22

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 2.09

**Result:** Maintain

**RUC Recommendation:** 6.00

**Referred to CPT** February 2014

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

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<b>33984</b>	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	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2014

**Tab** 11

**Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:**

**2015e Medicare Utilization:** 234

**2007 Work RVU:**

**2016 Work RVU:** 5.46

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.66

**Result:** Maintain

**RUC Recommendation:** 6.38

**Referred to CPT** February 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33985</b>	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:	2015e Medicare Utilization: 1	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 9.89 2016 NF PE RVU: NA 2016 Fac PE RVU: 3.87
RUC Recommendation: 9.89		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	February 2014 Published in CPT Asst:		
<b>33986</b>	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:	2015e Medicare Utilization: 132	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 10.00 2016 NF PE RVU: NA 2016 Fac PE RVU: 3.32
RUC Recommendation: 10.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	February 2014 Published in CPT Asst:		
<b>33987</b>	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:	2015e Medicare Utilization: 36	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 4.04 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.16
RUC Recommendation: 4.08		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	February 2014 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:** **2015e Medicare Utilization:** 20

**RUC Recommendation:** 15.00 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2016 Work RVU:** 15.00  
**2007 NF PE RVU:** **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** 4.38  
**Result:** Maintain

**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:** **2015e Medicare Utilization:** 8

**RUC Recommendation:** 9.50 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2016 Work RVU:** 9.50  
**2007 NF PE RVU:** **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** 3.11  
**Result:** Maintain

**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 **2015e Medicare Utilization:** 9,820

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 23.71 **2016 Work RVU:** 23.79  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 9.38 **2016 Fac PE RVU:** 7.67  
**Result:**

**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 **2015e Medicare Utilization:** 22,444

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 6.74 **2016 Work RVU:** 6.74  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 2.1 **2016 Fac PE RVU:** 1.66  
**Result:**

## 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      **2015e Medicare Utilization:** 10,917      **2007 Work RVU:** 12.72      **2016 Work RVU:** 12.80  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.89      **2016 Fac PE RVU:** 4.94  
**RUC Recommendation:** Refer to CPT      **Referred to CPT** September 2016  
**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      **2015e Medicare Utilization:** 43,704      **2007 Work RVU:** 19.53      **2016 Work RVU:** 21.16  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 8.04      **2016 Fac PE RVU:** 7.39  
**RUC Recommendation:** 21.16      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**35450** Transluminal balloon angioplasty, open; renal or other visceral artery      **Global:** 000      **Issue:** Open and Percutaneous Transluminal Angioplasty      **Screen:** Codes Reported Together 75% or More-Part3      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 15      **Specialty Developing Recommendation:** ACR, SIR, SVS      **First Identified:**      **2015e Medicare Utilization:** 55      **2007 Work RVU:** 10.05      **2016 Work RVU:** 10.05  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 3.47      **2016 Fac PE RVU:** 2.53  
**RUC Recommendation:** Deleted from CPT      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**35452** Transluminal balloon angioplasty, open; aortic

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:**

**2015e  
Medicare  
Utilization:** 33

**2007 Work RVU:** 6.90

**2016 Work RVU:** 6.90

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 2.48

**2016 Fac PE RVU:** 1.60

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**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:**

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 6.03

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 2.19

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

**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:**

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 7.34

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 2.64

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>35458</b>	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	<b>Global:</b> 000	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 464	<b>2007 Work RVU:</b> 9.48	<b>2016 Work RVU:</b> 9.48
					<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU:</b> 3.33	<b>2016 Fac PE RVU:</b> 2.85
<b>RUC Recommendation:</b>				<b>Referred to CPT</b>	<b>Result:</b>	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>35459</b>	Deleted from CPT	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SVS	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.62	<b>2016 Work RVU:</b>
					<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b>
					<b>2007 Fac PE RVU:</b> 3.01	<b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> February 2010	<b>Result:</b> Deleted from CPT	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>35460</b>	Transluminal balloon angioplasty, open; venous	<b>Global:</b> 000	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 2,643	<b>2007 Work RVU:</b> 6.03	<b>2016 Work RVU:</b> 6.03
					<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU:</b> 2.15	<b>2016 Fac PE RVU:</b> 1.84
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b>	<b>Result:</b> Deleted from CPT	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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## Status Report: CMS Requests and Relativity Assessment Issues

**35470 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** ACC, ACR,  
SIR, SVS

**First  
Identified:** October 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 8.62

**2016 Work RVU:**

**2007 NF PE RVU:** 81.78

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 3.37

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:** October 2009

**2015e  
Medicare  
Utilization:** 2,317

**2007 Work RVU:** 10.05

**2016 Work RVU:** 10.05

**2007 NF PE RVU:** 91.6

**2016 NF PE RVU:** 60.56

**2007 Fac PE RVU:** 4.13

**2016 Fac PE RVU:** 3.22

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**35472 Transluminal balloon angioplasty, percutaneous; aortic**

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:**

**2015e  
Medicare  
Utilization:** 342

**2007 Work RVU:** 6.90

**2016 Work RVU:** 6.90

**2007 NF PE RVU:** 60.05

**2016 NF PE RVU:** 44.00

**2007 Fac PE RVU:** 2.75

**2016 Fac PE RVU:** 2.07

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** Removed from CPT referral

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

## Status Report: CMS Requests and Relativity Assessment Issues

**35473 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** ACC, ACR,  
SIR, SVS

**First  
Identified:**

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 6.03

**2016 Work RVU:**

**2007 NF PE RVU:** 56.4

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 2.43

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 7.35

**2016 Work RVU:**

**2007 NF PE RVU:** 80.7

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 2.9

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
CMS High Expenditure  
Procedural Codes1 /  
Codes Reported  
Together 75% or More-  
Part3 / High Volume  
Growth3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:** September 2011

**2015e  
Medicare  
Utilization:** 49,799

**2007 Work RVU:** 9.48

**2016 Work RVU:** 6.60

**2007 NF PE RVU:** 53.95

**2016 NF PE RVU:** 36.73

**2007 Fac PE RVU:** 3.48

**2016 Fac PE RVU:** 2.21

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

**35476** Transluminal balloon angioplasty, percutaneous; venous

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
CMS High Expenditure  
Procedural Codes1 /  
Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:** September 2011

**2015e  
Medicare  
Utilization:** 276,923

**2007 Work RVU:** 6.03

**2016 Work RVU:** 5.10

**2007 NF PE RVU:** 42.45

**2016 NF PE RVU:** 34.75

**2007 Fac PE RVU:** 2.26

**2016 Fac PE RVU:** 2.05

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**Result:** Deleted from CPT

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 11.06

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 5.11

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 7.60

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 3.46

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**35492 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** SIR, ACR,  
SVS

**First  
Identified:** April 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 6.64

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 3.3

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 8.09

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 3.89

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 10.42

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 4.64

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35495 Deleted from CPT**

**Global:** 000

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing  
Recommendation:** SIR, ACR,  
SVS

**First  
Identified:** February 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 9.48

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 4.45

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

### 36000 Introduction of needle or intracatheter, vein

Global: XXX

Issue: Introduction of Needle or Intracatheter

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent  
RUC Meeting: April 2010

Tab 45

Specialty Developing  
Recommendation: ACC, AUR, AAP, AAFP, ACRh

First  
Identified: October 2009

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.18

2016 Work RVU: 0.18

2007 NF PE RVU: 0.54

2016 NF PE RVU: 0.53

2007 Fac PE RVU: 0.05

2016 Fac PE RVU: 0.07

RUC Recommendation: CMS consider a bundled status for this code

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

### 36010 Introduction of catheter, superior or inferior vena cava

Global: XXX

Issue: Introduction of Catheter

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent  
RUC Meeting: October 2013

Tab 18

Specialty Developing  
Recommendation: ACR, SIR, SVS

First  
Identified: February 2010

2015e  
Medicare  
Utilization: 14,525

2007 Work RVU: 2.43

2016 Work RVU: 2.43

2007 NF PE RVU: 17.17

2016 NF PE RVU: 11.30

2007 Fac PE RVU: 0.77

2016 Fac PE RVU: 0.72

RUC Recommendation: Remove from re-review.

Referred to CPT February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Remove from screen

### 36140 Introduction of needle or intracatheter; extremity artery

Global: XXX

Issue: Introduction of Needle or Intracatheter

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent  
RUC Meeting: October 2013

Tab 18

Specialty Developing  
Recommendation: SVS, SIR, ACR, ACRO

First  
Identified: April 2011

2015e  
Medicare  
Utilization: 18,528

2007 Work RVU: 2.01

2016 Work RVU: 2.01

2007 NF PE RVU: 12.15

2016 NF PE RVU: 9.91

2007 Fac PE RVU: 0.65

2016 Fac PE RVU: 0.58

RUC Recommendation: Remove from re-review

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Remove from Screen

# Status Report: CMS Requests and Relativity Assessment Issues

<b>36145</b>	Deleted from CPT			<b>Global:</b> XXX	<b>Issue:</b> Arteriovenous Shunt Imaging	<b>Screen:</b> Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	April 2009	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.01 <b>2007 NF PE RVU:</b> 11.87 <b>2007 Fac PE RVU:</b> 0.64 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b>	Deleted from CPT			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>36147</b>	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)			<b>Global:</b> XXX	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	January 2016	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 338,353	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> 3.72 <b>2016 NF PE RVU:</b> 19.56 <b>2016 Fac PE RVU:</b> 1.18
<b>RUC Recommendation:</b>	Deleted from CPT			<b>Referred to CPT</b> October 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>36148</b>	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)			<b>Global:</b> ZZZ	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	January 2016	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 64,523	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> 1.00 <b>2016 NF PE RVU:</b> 6.31 <b>2016 Fac PE RVU:</b> 0.30
<b>RUC Recommendation:</b>	Deleted from CPT			<b>Referred to CPT</b> October 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36215</b>	<b>Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family</b>	<b>Global:</b> XXX	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 46,514	<b>2007 Work RVU:</b> 4.67 <b>2007 NF PE RVU:</b> 26.59 <b>2007 Fac PE RVU:</b> 1.65 <b>Result:</b> Decrease <b>2016 Work RVU:</b> 4.67 <b>2016 NF PE RVU:</b> 26.60 <b>2016 Fac PE RVU:</b> 1.47
<b>RUC Recommendation:</b> 4.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>36216</b>	<b>Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family</b>	<b>Global:</b> XXX	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 4,541	<b>2007 Work RVU:</b> 5.27 <b>2007 NF PE RVU:</b> 28.57 <b>2007 Fac PE RVU:</b> 1.82 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 5.27 <b>2016 NF PE RVU:</b> 27.86 <b>2016 Fac PE RVU:</b> 1.75
<b>RUC Recommendation:</b> 5.27			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>36217</b>	<b>Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family</b>	<b>Global:</b> XXX	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 4,617	<b>2007 Work RVU:</b> 6.29 <b>2007 NF PE RVU:</b> 52.65 <b>2007 Fac PE RVU:</b> 2.17 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 6.29 <b>2016 NF PE RVU:</b> 49.59 <b>2016 Fac PE RVU:</b> 2.10
<b>RUC Recommendation:</b> 6.29			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	



## Status Report: CMS Requests and Relativity Assessment Issues

<b>36218</b>	<b>Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 1,213	<b>2007 Work RVU:</b> 1.01 <b>2007 NF PE RVU:</b> 4.72 <b>2007 Fac PE RVU:</b> 0.34 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 1.01 <b>2016 NF PE RVU:</b> 4.28 <b>2016 Fac PE RVU:</b> 0.35
<b>RUC Recommendation:</b> 1.01		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>36221</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Cervicocerebral Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 2,748	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 4.17 <b>2016 NF PE RVU:</b> 26.15 <b>2016 Fac PE RVU:</b> 1.25
<b>RUC Recommendation:</b> 4.51		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
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<b>36222</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Cervicocerebral Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 10,332	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 5.53 <b>2016 NF PE RVU:</b> 30.70 <b>2016 Fac PE RVU:</b> 1.90
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36223</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Cervicocerebral Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 31,280	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 6.00 <b>2016 NF PE RVU:</b> 36.49 <b>2016 Fac PE RVU:</b> 2.13
<b>RUC Recommendation:</b> 6.50			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>36224</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Cervicocerebral Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 32,532	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 6.50 <b>2016 NF PE RVU:</b> 43.66 <b>2016 Fac PE RVU:</b> 2.50
<b>RUC Recommendation:</b> 7.55			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>36225</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Cervicocerebral Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 11,404	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 6.00 <b>2016 NF PE RVU:</b> 35.53 <b>2016 Fac PE RVU:</b> 2.05
<b>RUC Recommendation:</b> 6.50			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## 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	2015e Medicare Utilization: 28,540	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2016 Work RVU: 6.50 2016 NF PE RVU: 44.42 2016 Fac PE RVU: 2.52
RUC Recommendation: 7.55			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
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	2015e Medicare Utilization: 9,309	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2016 Work RVU: 2.09 2016 NF PE RVU: 4.63 2016 Fac PE RVU: 0.77
RUC Recommendation: 2.32			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
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	2015e Medicare Utilization: 4,131	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2016 Work RVU: 4.25 2016 NF PE RVU: 29.44 2016 Fac PE RVU: 1.59
RUC Recommendation: 4.25			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36245</b>	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family			<b>Global:</b> XXX	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b>	ACC, ACR, SIR, SCAI, SVS	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 44,227	<b>2007 Work RVU:</b> 4.67 <b>2007 NF PE RVU:</b> 31.17 <b>2007 Fac PE RVU:</b> 1.78 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 4.90 <b>2016 NF PE RVU:</b> 33.24 <b>2016 Fac PE RVU:</b> 1.62
<b>RUC Recommendation:</b> 4.90				<b>Referred to CPT</b> February 2010 and February 2011	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>36246</b>	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family			<b>Global:</b> 000	<b>Issue:</b> Vascular Injection Procedures	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b>	SVS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 37,834	<b>2007 Work RVU:</b> 5.27 <b>2007 NF PE RVU:</b> 29.18 <b>2007 Fac PE RVU:</b> 1.84 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 5.27 <b>2016 NF PE RVU:</b> 19.04 <b>2016 Fac PE RVU:</b> 1.55
<b>RUC Recommendation:</b> 5.27				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>36247</b>	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family			<b>Global:</b> 000	<b>Issue:</b> Vascular Injection Procedures	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b>	SVS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 60,916	<b>2007 Work RVU:</b> 6.29 <b>2007 NF PE RVU:</b> 48.22 <b>2007 Fac PE RVU:</b> 2.17 <b>Result:</b> Increase	<b>2016 Work RVU:</b> 6.29 <b>2016 NF PE RVU:</b> 37.41 <b>2016 Fac PE RVU:</b> 1.88
<b>RUC Recommendation:</b> 7.00				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36248</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Catheter Placement	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 40 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 22,175	<b>2007 Work RVU:</b> 1.01 <b>2007 NF PE RVU:</b> 3.81 <b>2007 Fac PE RVU:</b> 0.35 <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 1.01 <b>2016 NF PE RVU:</b> 3.22 <b>2016 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>36251</b>	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	<b>Global:</b> 000	<b>Issue:</b> Renal Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 4,306	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 5.35 <b>2016 NF PE RVU:</b> 34.12 <b>2016 Fac PE RVU:</b> 1.78
<b>RUC Recommendation:</b> 5.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>36252</b>	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	<b>Global:</b> 000	<b>Issue:</b> Renal Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 11,915	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 6.99 <b>2016 NF PE RVU:</b> 35.42 <b>2016 Fac PE RVU:</b> 2.39
<b>RUC Recommendation:</b> 7.38		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## 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:**

**2015e Medicare Utilization:** 1,082

**2007 Work RVU:**

**2016 Work RVU:** 7.55

**2007 NF PE RVU:**

**2016 NF PE RVU:** 55.82

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 2.50

**Result:** Decrease

**RUC Recommendation:** 7.55

**Referred to CPT**

**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:**

**2015e Medicare Utilization:** 267

**2007 Work RVU:**

**2016 Work RVU:** 8.15

**2007 NF PE RVU:**

**2016 NF PE RVU:** 52.69

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 2.76

**Result:** Decrease

**RUC Recommendation:** 8.15

**Referred to CPT**

**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:** Venipuncture

**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

**2015e Medicare Utilization:** 186,063

**2007 Work RVU:** 0.18

**2016 Work RVU:** 0.18

**2007 NF PE RVU:** 0.3

**2016 NF PE RVU:** 0.28

**2007 Fac PE RVU:** 0.05

**2016 Fac PE RVU:** 0.07

**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36475</b>	<b>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated</b>	<b>Global:</b> 000	<b>Issue:</b> Endovenous Ablation	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 38</b>	<b>Specialty Developing Recommendation:</b> ACC, ACR, ACS, SCAI, SIR, SVS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 107,716	<b>2007 Work RVU:</b> 6.72 <b>2007 NF PE RVU:</b> 47.57 <b>2007 Fac PE RVU:</b> 2.39 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.30			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 5.30 <b>2016 NF PE RVU:</b> 37.32 <b>2016 Fac PE RVU:</b> 1.80
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<b>36476</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Endovenous Ablation	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 38</b>	<b>Specialty Developing Recommendation:</b> ACC, ACR, ACS, SCAI, SIR, SVS	<b>First Identified:</b> October 2013	<b>2015e Medicare Utilization:</b> 9,268	<b>2007 Work RVU:</b> 3.38 <b>2007 NF PE RVU:</b> 7.39 <b>2007 Fac PE RVU:</b> 1.08 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.65			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.65 <b>2016 NF PE RVU:</b> 5.28 <b>2016 Fac PE RVU:</b> 0.76
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<b>36478</b>	<b>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated</b>	<b>Global:</b> 000	<b>Issue:</b> Endovenous Ablation	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 38</b>	<b>Specialty Developing Recommendation:</b> ACC, ACR, ACS, SCAI, SIR, SVS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 83,592	<b>2007 Work RVU:</b> 6.72 <b>2007 NF PE RVU:</b> 42.85 <b>2007 Fac PE RVU:</b> 2.41 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.30			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 5.30 <b>2016 NF PE RVU:</b> 27.99 <b>2016 Fac PE RVU:</b> 1.81
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## 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

**2015e Medicare Utilization:** 10,867

**2007 Work RVU:** 3.38

**2016 Work RVU:** 2.65

**2007 NF PE RVU:** 7.59

**2016 NF PE RVU:** 5.66

**2007 Fac PE RVU:** 1.1

**2016 Fac PE RVU:** 0.82

**Result:** Decrease

**RUC Recommendation:** 2.65

**Referred to CPT**

**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

**2015e Medicare Utilization:** 704

**2007 Work RVU:** 6.98

**2016 Work RVU:** 6.98

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** 50.25

**2007 Fac PE RVU:** 2.46

**2016 Fac PE RVU:** 2.47

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

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

**36516** Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion

**Global:** 000

**Issue:** Therapeutic Apheresis

**Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 24

**Specialty Developing Recommendation:** CAP

**First Identified:** October 2008

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

**2007 Work RVU:** 1.22

**2016 Work RVU:** 1.22

**2007 NF PE RVU:** 75.37

**2016 NF PE RVU:** 57.47

**2007 Fac PE RVU:** 0.46

**2016 Fac PE RVU:** 0.49

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2009



# Status Report: CMS Requests and Relativity Assessment Issues

**36556** Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older **Global:** 000 **Issue:** Insertion of Non-Tunnel CV Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2015e Medicare Utilization:** 456,455 **2007 Work RVU:** 2.50 **2016 Work RVU:** 2.50 **2007 NF PE RVU:** 4.93 **2016 NF PE RVU:** 3.93 **2007 Fac PE RVU:** 0.7 **2016 Fac PE RVU:** 0.72 **Result:**

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

**36569** Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older **Global:** 000 **Issue:** Insertion of PICC Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2015 **2015e Medicare Utilization:** 178,456 **2007 Work RVU:** 1.82 **2016 Work RVU:** 1.82 **2007 NF PE RVU:** 6.55 **2016 NF PE RVU:** 5.13 **2007 Fac PE RVU:** 0.57 **2016 Fac PE RVU:** 0.67 **Result:**

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

**36620** Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous **Global:** 000 **Issue:** Insertion of Arterial Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** January 2016 **Tab** 30 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2015e Medicare Utilization:** 550,883 **2007 Work RVU:** 1.15 **2016 Work RVU:** 1.15 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 0.22 **2016 Fac PE RVU:** 0.24 **Result:**

**RUC Recommendation:** Survey October 2016 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**36818** Arteriovenous anastomosis, open; by upper arm cephalic vein transposition **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2015e Medicare Utilization:** 6,455 **2007 Work RVU:** 11.81 **2016 Work RVU:** 12.39 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 5.73 **2016 Fac PE RVU:** 5.21 **Result:** Increase

**RUC Recommendation:** 13.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>36819</b>	<b>Arteriovenous anastomosis, open; by upper arm basilic vein transposition</b>	<b>Global:</b> 090	<b>Issue:</b> Arteriovenous Anastomosis	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> November 2012	<b>2015e Medicare Utilization:</b> 9,907	<b>2007 Work RVU:</b> 14.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.08 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 15.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 13.29 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 5.27

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<b>36820</b>	<b>Arteriovenous anastomosis, open; by forearm vein transposition</b>	<b>Global:</b> 090	<b>Issue:</b> Arteriovenous Anastomosis	<b>Screen:</b> Site of Service Anomaly / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,129	<b>2007 Work RVU:</b> 14.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.11 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 13.99			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 13.07 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 5.49

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<b>36821</b>	<b>Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> Arteriovenous Anastomosis	<b>Screen:</b> Site of Service Anomaly / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 33,304	<b>2007 Work RVU:</b> 9.15 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.49 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 11.90			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 11.90 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.96

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>36822</b>	<b>Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 5.51 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.23 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>36825</b>	<b>Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft</b>	<b>Global:</b> 090	<b>Issue:</b> Arteriovenous Anastomosis	<b>Screen:</b> Site of Service Anomaly / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,856	<b>2007 Work RVU:</b> 10.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.87 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 15.93			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>36830</b>	<b>Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)</b>	<b>Global:</b> 090	<b>Issue:</b> Arteriovenous Anastomosis	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> November 2012	<b>2015e Medicare Utilization:</b> 21,956	<b>2007 Work RVU:</b> 12.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.98 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 11.90			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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# Status Report: CMS Requests and Relativity Assessment Issues

**36834 Deleted from CPT**

**Global:** 090 **Issue:** Aneurysm Repair

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

**Most Recent**  
**RUC Meeting:** September 2007 **Tab** 16 **Specialty Developing Recommendation:** AVA, ACS

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

**2007 Work RVU:** 11.11 **2016 Work RVU:**  
**2007 NF PE RVU:** NA **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 4.68 **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

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

**36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

**Global:** 090 **Issue:** Dialysis Circuit -1

**Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** September 2007 **2015e Medicare Utilization:** 55,705

**2007 Work RVU:** 5.17 **2016 Work RVU:** 5.20  
**2007 NF PE RVU:** 49.54 **2016 NF PE RVU:** 46.24  
**2007 Fac PE RVU:** 2.99 **2016 Fac PE RVU:** 2.84  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**369X1**

**Global:** 000 **Issue:** Dialysis Circuit -1

**Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:** October 2015 **2015e Medicare Utilization:**

**2007 Work RVU:** **2016 Work RVU:**  
**2007 NF PE RVU:** **2016 NF PE RVU:**  
**2007 Fac PE RVU:** **2016 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 3.36

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

369X2

Global: 000 Issue: Dialysis Circuit -1

Screen: Codes Reported  
Together 75% or More-  
Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 14

Specialty Developing  
Recommendation: ACR, RPA,  
SIR, SVS

First  
Identified: October 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 4.83

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

369X3

Global: 000 Issue: Dialysis Circuit -1

Screen: Codes Reported  
Together 75% or More-  
Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 14

Specialty Developing  
Recommendation: ACR, RPA,  
SIR, SVS

First  
Identified: October 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 6.39

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

369X4

Global: 000 Issue: Dialysis Circuit -1

Screen: Codes Reported  
Together 75% or More-  
Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 14

Specialty Developing  
Recommendation: ACR, RPA,  
SIR, SVS

First  
Identified: October 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 7.50

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**369X5**

**Global:** 000 **Issue:** Dialysis Circuit -1

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 14

**Specialty Developing  
Recommendation:** ACR, RPA,  
SIR, SVS

**First  
Identified:** October 2015

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 9.00

**Referred to CPT** October 2015

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

**369X6**

**Global:** 000 **Issue:** Dialysis Circuit -1

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 14

**Specialty Developing  
Recommendation:** ACR, RPA,  
SIR, SVS

**First  
Identified:** October 2015

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 10.42

**Referred to CPT** October 2015

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

**369X7**

**Global:** ZZZ **Issue:** Dialysis Circuit -1

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 14

**Specialty Developing  
Recommendation:** ACR, RPA,  
SIR, SVS

**First  
Identified:** October 2015

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT** October 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

**369X8**

**Global:** ZZZ **Issue:** Dialysis Circuit -1

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 14

**Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:** October 2015

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 4.25

**Referred to CPT** October 2015

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

**369X9**

**Global:** ZZZ **Issue:** Dialysis Circuit -1

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 14

**Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:** October 2015

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 4.12

**Referred to CPT** October 2015

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

**37183** Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/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

**2015e Medicare Utilization:** 819

**2007 Work RVU:** 7.99

**2016 Work RVU:** 7.99

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** 159.28

**2007 Fac PE RVU:** 2.89

**2016 Fac PE RVU:** 2.73

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Global: 000	Issue: IVC Transcatheter Procedure	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes		
Most Recent RUC Meeting:	April 2011	Tab 12	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified:	2015e Medicare Utilization: 44,289	2007 Work RVU:	2016 Work RVU: 4.71
						2007 NF PE RVU:	2016 NF PE RVU: 69.43
						2007 Fac PE RVU:	2016 Fac PE RVU: 1.57
RUC Recommendation:	4.71			Referred to CPT February 2011		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	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:	2015e Medicare Utilization: 37	2007 Work RVU:	2016 Work RVU: 7.35
						2007 NF PE RVU:	2016 NF PE RVU: 35.44
						2007 Fac PE RVU:	2016 Fac PE RVU: 2.10
RUC Recommendation:	8.00			Referred to CPT February 2011		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Global: 000	Issue: IVC Transcatheter Procedure	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes		
Most Recent RUC Meeting:	April 2011	Tab 12	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified:	2015e Medicare Utilization: 5,972	2007 Work RVU:	2016 Work RVU: 7.35
						2007 NF PE RVU:	2016 NF PE RVU: 37.12
						2007 Fac PE RVU:	2016 Fac PE RVU: 2.28
RUC Recommendation:	8.00			Referred to CPT February 2011		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>37201</b>	Transcatheter therapy, infusion for thrombolysis other than coronary	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.43 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
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<b>37203</b>	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)	<b>Global:</b> 000	<b>Issue:</b> Transcatheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 5.02 <b>2007 NF PE RVU:</b> 31.87 <b>2007 Fac PE RVU:</b> 1.98 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
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<b>37204</b>	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	<b>Global:</b> 000	<b>Issue:</b> Embolization and Occlusion Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 18.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.75 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>37205</b>	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1 / Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.27 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.77 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>37206</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.12 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.46 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>37207</b>	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.27 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.98 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

**37208** Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 07

**Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2015e Medicare Utilization:**

**2007 Work RVU:** 4.12

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 1.3

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 2.27

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.72

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**37210** Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure

**Global:** 000

**Issue:** Embolization and Occlusion Procedures

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 08

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2015e Medicare Utilization:**

**2007 Work RVU:** 10.60

**2016 Work RVU:**

**2007 NF PE RVU:** 46.03

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 3.13

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37211</b>	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 9,810	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 8.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.30
<b>RUC Recommendation:</b> 8.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>37212</b>	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 3,196	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 7.06 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.04
<b>RUC Recommendation:</b> 7.06		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>37213</b>	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;	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 3,067	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 5.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.49
<b>RUC Recommendation:</b> 5.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>37214</b>	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	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 6,110	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 2.74 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 0.81
<b>RUC Recommendation:</b> 3.04		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37220</b>	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 11,454	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 8.15 <b>2016 NF PE RVU:</b> 79.95 <b>2016 Fac PE RVU:</b> 2.31
<b>RUC Recommendation:</b> 8.15		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37221</b>	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 37,377	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 10.00 <b>2016 NF PE RVU:</b> 120.28 <b>2016 Fac PE RVU:</b> 2.87
<b>RUC Recommendation:</b> 10.00		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37222</b>	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 3,093	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.73			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 3.73 <b>2016 NF PE RVU:</b> 20.69 <b>2016 Fac PE RVU:</b> 0.96
<b>37223</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 5,157	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.25			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 4.25 <b>2016 NF PE RVU:</b> 68.47 <b>2016 Fac PE RVU:</b> 1.15
<b>37224</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 32,443	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 9.00 <b>2016 NF PE RVU:</b> 98.14 <b>2016 Fac PE RVU:</b> 2.58

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>37225</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 33,461	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 12.00			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 12.00 <b>2016 NF PE RVU:</b> 298.50 <b>2016 Fac PE RVU:</b> 3.58

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<b>37226</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 28,968	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 10.49			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 10.49 <b>2016 NF PE RVU:</b> 244.68 <b>2016 Fac PE RVU:</b> 3.03

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<b>37227</b>	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	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 18,005	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 14.50			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 14.50 <b>2016 NF PE RVU:</b> 405.17 <b>2016 Fac PE RVU:</b> 4.23

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>37228</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 27,142	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 11.00			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 11.00 <b>2016 NF PE RVU:</b> 141.52 <b>2016 Fac PE RVU:</b> 3.09

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<b>37229</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 24,871	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 14.05			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 14.05 <b>2016 NF PE RVU:</b> 291.42 <b>2016 Fac PE RVU:</b> 4.13

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<b>37230</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 2,933	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 13.80			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 13.80 <b>2016 NF PE RVU:</b> 219.18 <b>2016 Fac PE RVU:</b> 4.11

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>37231</b>	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	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 1,804	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 15.00			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 15.00 <b>2016 NF PE RVU:</b> 361.42 <b>2016 Fac PE RVU:</b> 4.49
<b>37232</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 9,167	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 4.00 <b>2016 NF PE RVU:</b> 29.66 <b>2016 Fac PE RVU:</b> 1.12
<b>37233</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 5,344	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.50			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 6.50 <b>2016 NF PE RVU:</b> 33.78 <b>2016 Fac PE RVU:</b> 1.81

## Status Report: CMS Requests and Relativity Assessment Issues

37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Endovascular Revascularization	Screen: High Volume Growth1	Complete? Yes	
Most Recent RUC Meeting: April 2010	Tab 07	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2015e Medicare Utilization: 338	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 5.50 2016 NF PE RVU: 103.53 2016 Fac PE RVU: 1.65
RUC Recommendation: 5.50			Referred to CPT February 2010 Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 128	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 7.80 2016 NF PE RVU: 106.65 2016 Fac PE RVU: 2.46
RUC Recommendation: 7.80			Referred to CPT February 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	Global: 000	Issue: Transcatheter Placement of Intravascular Stent	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 09	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified:	2015e Medicare Utilization: 14,500	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 9.00 2016 NF PE RVU: 106.38 2016 Fac PE RVU: 2.72
RUC Recommendation: 9.00			Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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**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:**

**2015e Medicare Utilization:** 1,273

**2007 Work RVU:**

**2016 Work RVU:** 4.25

**2007 NF PE RVU:**

**2016 NF PE RVU:** 64.81

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.16

**RUC Recommendation:** 4.25

**Referred to CPT** February 2013

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

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 36,764

**2007 Work RVU:**

**2016 Work RVU:** 6.29

**2007 NF PE RVU:**

**2016 NF PE RVU:** 111.91

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.92

**RUC Recommendation:** 6.29

**Referred to CPT** February 2013

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

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 4,391

**2007 Work RVU:**

**2016 Work RVU:** 2.97

**2007 NF PE RVU:**

**2016 NF PE RVU:** 54.15

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.84

**RUC Recommendation:** 3.34

**Referred to CPT** February 2013

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

**Result:** Decrease

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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	2015e Medicare Utilization: 18,659	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 9.00 2016 NF PE RVU: 125.54 2016 Fac PE RVU: 2.78
RUC Recommendation: 9.00			Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 8,127	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 10.05 2016 NF PE RVU: 206.56 2016 Fac PE RVU: 3.11
RUC Recommendation: 11.98			Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Global: 000	Issue: Embolization and Occlusion Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting: April 2013	Tab 08	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2015e Medicare Utilization: 13,759	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 11.99 2016 NF PE RVU: 263.45 2016 Fac PE RVU: 3.80
RUC Recommendation: 14.00			Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37244</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Embolization and Occlusion Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 8,644	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 14.00			<b>Referred to CPT</b> February 2013	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2016 Work RVU:</b> 14.00 <b>2016 NF PE RVU:</b> 177.31 <b>2016 Fac PE RVU:</b> 4.45
<hr/>					
<b>37250</b>	<b>Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> ACC, SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2015e Medicare Utilization:</b> 10,094	<b>2007 Work RVU:</b> 2.10 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.77 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<hr/>					
<b>37251</b>	<b>Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> ACC, SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2015e Medicare Utilization:</b> 11,606	<b>2007 Work RVU:</b> 1.60 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.54 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37252</b>	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> ACC,SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.80 <b>2016 NF PE RVU:</b> 37.50 <b>2016 Fac PE RVU:</b> 0.50
<b>RUC Recommendation:</b> 1.80		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37253</b>	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> ACC,SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.44 <b>2016 NF PE RVU:</b> 4.40 <b>2016 Fac PE RVU:</b> 0.39
<b>RUC Recommendation:</b> 1.44		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>372X1</b>		<b>Global:</b> 000	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 7.00		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**372X2**

**Global:** ZZZ

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:** October 2015

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 3.50

**Referred to CPT** October 2015

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

**372X3**

**Global:** 000

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:** October 2015

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 6.00

**Referred to CPT** October 2015

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

**372X4**

**Global:** ZZZ

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing  
Recommendation:** ACR, SIR,  
SVS

**First  
Identified:** October 2015

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 2.97

**Referred to CPT** October 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

**37609** Ligation or biopsy, temporal artery

**Global:** 010 **Issue:** Ligation

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

**Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** SVS, ACS  
**RUC Meeting:** September 2007 **Recommendation:**

**First** **2015e**  
**Identified:** September 2007 **Medicare**  
**Utilization:** 15,650

**2007 Work RVU:** 3.02 **2016 Work RVU:** 3.05  
**2007 NF PE RVU:** 4.43 **2016 NF PE RVU:** 5.23  
**2007 Fac PE RVU:** 1.93 **2016 Fac PE RVU:** 2.35  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**37619** Ligation of inferior vena cava

**Global:** 090 **Issue:** Ligation of Inferior Vena  
Cava

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent** **Tab** 13 **Specialty Developing** ACS, SVS  
**RUC Meeting:** April 2011 **Recommendation:**

**First** **2015e**  
**Identified:** **Medicare**  
**Utilization:** 71

**2007 Work RVU:** **2016 Work RVU:** 30.00  
**2007 NF PE RVU:** **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** 11.04  
**Result:** Increase

**RUC Recommendation:** 37.60

**Referred to CPT** February 2011  
**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** **Tab** 45 **Specialty Developing** ACR, SIR,  
**RUC Meeting:** April 2010 **Recommendation:** SVS

**First** **2015e**  
**Identified:** February 2010 **Medicare**  
**Utilization:**

**2007 Work RVU:** 11.49 **2016 Work RVU:**  
**2007 NF PE RVU:** NA **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 5.52 **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

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



## Status Report: CMS Requests and Relativity Assessment Issues

**37760** Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg **Global:** 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2015e Medicare Utilization:** 204

**RUC Recommendation:** 10.69 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 10.69 **2016 Work RVU:** 10.78  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.14 **2016 Fac PE RVU:** 4.89  
**Result:** Maintain

**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:** **2015e Medicare Utilization:** 503

**RUC Recommendation:** 9.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2016 Work RVU:** 9.13  
**2007 NF PE RVU:** **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** 4.96  
**Result:** Increase

**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 **2015e Medicare Utilization:** 15,605

**RUC Recommendation:** Review September 2016. Non-Facility PE Inputs. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 7.63 **2016 Work RVU:** 7.71  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** 9.55  
**2007 Fac PE RVU:** 4.36 **2016 Fac PE RVU:** 3.87  
**Result:** PE Only

**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 **2015e Medicare Utilization:** 12,222

**RUC Recommendation:** Review September 2016. Non-Facility PE Inputs. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 9.58 **2016 Work RVU:** 9.66  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** 10.78  
**2007 Fac PE RVU:** 5.01 **2016 Fac PE RVU:** 4.45  
**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**37785**    Ligation, division, and/or excision of varicose vein cluster(s), 1 leg    **Global:** 090    **Issue:** Ligation    **Screen:** Site of Service Anomaly (99238-Only)    **Complete?** Yes

**Most Recent RUC Meeting:** September 2007    **Tab** 16    **Specialty Developing Recommendation:** APMA, SVS, ACS    **First Identified:** September 2007    **2015e Medicare Utilization:** 1,584    **2007 Work RVU:** 3.87    **2016 Work RVU:** 3.93  
**2007 NF PE RVU:** 5.12    **2016 NF PE RVU:** 5.49  
**2007 Fac PE RVU:** 2.69    **2016 Fac PE RVU:** 2.87  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5    **Referred to CPT**    **Referred to CPT Asst** ☐    **Published in CPT Asst:**

**38220**    Bone marrow; aspiration only    **Global:** XXX    **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy    **Screen:** CMS High Expenditure Procedural Codes2    **Complete?** Yes

**Most Recent RUC Meeting:** April 2016    **Tab** 06    **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT    **First Identified:** February 2016    **2015e Medicare Utilization:** 31,801    **2007 Work RVU:** 1.08    **2016 Work RVU:** 1.08  
**2007 NF PE RVU:** 3.46    **2016 NF PE RVU:** 3.46  
**2007 Fac PE RVU:** 0.5    **2016 Fac PE RVU:** 0.55  
**Result:** Decrease

**RUC Recommendation:** 1.20    **Referred to CPT** February 2016    **Referred to CPT Asst** ☐    **Published in CPT Asst:**

**38221**    Bone marrow; biopsy, needle or trocar    **Global:** XXX    **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy    **Screen:** CMS High Expenditure Procedural Codes2    **Complete?** Yes

**Most Recent RUC Meeting:** April 2016    **Tab** 06    **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT    **First Identified:** July 2015    **2015e Medicare Utilization:** 123,903    **2007 Work RVU:** 1.37    **2016 Work RVU:** 1.37  
**2007 NF PE RVU:** 3.64    **2016 NF PE RVU:** 3.29  
**2007 Fac PE RVU:** 0.63    **2016 Fac PE RVU:** 0.69  
**Result:** Decrease

**RUC Recommendation:** 1.28    **Referred to CPT** February 2016    **Referred to CPT Asst** ☐    **Published in CPT Asst:**

**382X3**       **Global:**    **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy    **Screen:** CMS High Expenditure Procedural Codes2    **Complete?** Yes

**Most Recent RUC Meeting:** April 2016    **Tab** 06    **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT    **First Identified:** February 2016    **2015e Medicare Utilization:**    **2007 Work RVU:**    **2016 Work RVU:**  
**2007 NF PE RVU:**    **2016 NF PE RVU:**  
**2007 Fac PE RVU:**    **2016 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 1.44    **Referred to CPT** February 2016    **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	2015e Medicare Utilization: 751	2007 Work RVU: 6.08 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.3 Result: Increase	2016 Work RVU: 7.95 2016 NF PE RVU: NA 2016 Fac PE RVU: 5.69
RUC Recommendation: 7.85				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 1,851	2007 Work RVU: 9.28 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.98 Result: Maintain	2016 Work RVU: 8.49 2016 NF PE RVU: NA 2016 Fac PE RVU: 4.61
RUC Recommendation: 9.34				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 12,229	2007 Work RVU: 14.70 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.97 Result: Decrease	2016 Work RVU: 12.00 2016 NF PE RVU: NA 2016 Fac PE RVU: 5.65
RUC Recommendation: 12.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 2,563	2007 Work RVU: 16.86 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.86 Result: Decrease	2016 Work RVU: 15.60 2016 NF PE RVU: NA 2016 Fac PE RVU: 8.20
RUC Recommendation: 15.60				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 Tab 08 Specialty Developing STS  
 RUC Meeting: January 2015 Recommendation:

First Identified: January 2014 2015e Medicare Utilization: 7,477

2007 Work RVU: 8.00 2016 Work RVU:  
 2007 NF PE RVU: NA 2016 NF PE RVU:  
 2007 Fac PE RVU: 4.68 2016 Fac PE RVU:  
 Result: Deleted from CPT

RUC Recommendation: Deleted from CPT Referred to CPT October 2014  
 Referred to CPT Asst ☐ Published in CPT Asst:

**39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed** Global: 000 Issue: Mediastinoscopy with Biopsy Screen: Pre-Time Analysis Complete? Yes

Most Recent Tab 08 Specialty Developing STS  
 RUC Meeting: January 2015 Recommendation:

First Identified: October 2014 2015e Medicare Utilization:

2007 Work RVU: 5.44 2016 Work RVU:  
 2007 NF PE RVU: NA 2016 NF PE RVU:  
 2007 Fac PE RVU: 2.35 2016 Fac PE RVU:  
 Result: Decrease

RUC Recommendation: 5.44 Referred to CPT October 2014  
 Referred to CPT Asst ☐ Published in CPT Asst:

**39402 Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)** Global: 000 Issue: Mediastinoscopy with Biopsy Screen: Pre-Time Analysis Complete? Yes

Most Recent Tab 08 Specialty Developing STS  
 RUC Meeting: January 2015 Recommendation:

First Identified: October 2014 2015e Medicare Utilization:

2007 Work RVU: 7.25 2016 Work RVU:  
 2007 NF PE RVU: NA 2016 NF PE RVU:  
 2007 Fac PE RVU: 2.88 2016 Fac PE RVU:  
 Result: Increase

RUC Recommendation: 7.50 Referred to CPT October 2014  
 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 Tab 21 Specialty Developing AAO-HNS, AAD  
 RUC Meeting: September 2011 Recommendation:

First Identified: April 2011 2015e Medicare Utilization: 33,779

2007 Work RVU: 1.22 2016 Work RVU: 1.22  
 2007 NF PE RVU: 1.75 2016 NF PE RVU: 2.30  
 2007 Fac PE RVU: 0.61 2016 Fac PE RVU: 0.73  
 Result: Maintain

RUC Recommendation: 1.22 Referred to CPT  
 Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>40650</b>	<b>Repair lip, full thickness; vermilion only</b>			<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b>	AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 297	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> 6.58 <b>2007 Fac PE RVU:</b> 3.26	<b>2016 Work RVU:</b> 3.78 <b>2016 NF PE RVU:</b> 8.43 <b>2016 Fac PE RVU:</b> 4.35
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article Needed	<b>Result:</b> PE Only

<b>40800</b>	<b>Drainage of abscess, cyst, hematoma, vestibule of mouth; simple</b>			<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 1,213	<b>2007 Work RVU:</b> 1.19 <b>2007 NF PE RVU:</b> 3.18 <b>2007 Fac PE RVU:</b> 1.8	<b>2016 Work RVU:</b> 1.23 <b>2016 NF PE RVU:</b> 4.80 <b>2016 Fac PE RVU:</b> 2.45
<b>RUC Recommendation:</b> Maintain				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

<b>40812</b>	<b>Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair</b>			<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 6,011	<b>2007 Work RVU:</b> 2.33 <b>2007 NF PE RVU:</b> 3.92 <b>2007 Fac PE RVU:</b> 2.37	<b>2016 Work RVU:</b> 2.37 <b>2016 NF PE RVU:</b> 5.72 <b>2016 Fac PE RVU:</b> 3.08
<b>RUC Recommendation:</b> Maintain				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

<b>40820</b>	<b>Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)</b>			<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 1,089	<b>2007 Work RVU:</b> 1.30 <b>2007 NF PE RVU:</b> 4.23 <b>2007 Fac PE RVU:</b> 2.54	<b>2016 Work RVU:</b> 1.34 <b>2016 NF PE RVU:</b> 6.24 <b>2016 Fac PE RVU:</b> 3.53
<b>RUC Recommendation:</b> Maintain				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**41530** Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session      **Global:** 000      **Issue:** Submucosal ablation of tongue base      **Screen:** Final Rule for 2015      **Complete?** Yes

**Most Recent RUC Meeting:** April 2015      **Tab** 26      **Specialty Developing Recommendation:** AAO-HNS      **First Identified:** July 2014      **2015e Medicare Utilization:** 3,125      **2007 Work RVU:**      **2016 Work RVU:** 3.50  
**2007 NF PE RVU:**      **2016 NF PE RVU:** 24.64  
**2007 Fac PE RVU:**      **2016 Fac PE RVU:** 7.04  
**Result:** Decrease

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

**42145** Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)      **Global:** 090      **Issue:** Palatopharyngoplasty      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent RUC Meeting:** April 2008      **Tab** 41      **Specialty Developing Recommendation:** AAO-HNS      **First Identified:** September 2007      **2015e Medicare Utilization:** 903      **2007 Work RVU:** 9.63      **2016 Work RVU:** 9.78  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.33      **2016 Fac PE RVU:** 9.34  
**Result:** Maintain

**RUC Recommendation:** 9.63      **Referred to CPT**  
**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      **2015e Medicare Utilization:** 5,185      **2007 Work RVU:** 17.99      **2016 Work RVU:** 17.16  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 10.11      **2016 Fac PE RVU:** 11.01  
**Result:** Maintain

**RUC Recommendation:** 18.12      **Referred to CPT**  
**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      **2015e Medicare Utilization:** 1,633      **2007 Work RVU:** 20.87      **2016 Work RVU:** 19.53  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 11.46      **2016 Fac PE RVU:** 12.06  
**Result:** Maintain

**RUC Recommendation:** 21.00      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>42440</b>	<b>Excision of submandibular (submaxillary) gland</b>			<b>Global:</b> 090	<b>Issue:</b> Submandibular Gland Excision	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 64	<b>Specialty Developing Recommendation:</b>	AAO-HNS, ACS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,912	<b>2007 Work RVU:</b> 7.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.48 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 6.14 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.94
<b>RUC Recommendation:</b> 7.13				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>43191</b>	<b>Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)</b>			<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 2,704	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 2.49 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.63
<b>RUC Recommendation:</b> 2.78				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>43192</b>	<b>Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance</b>			<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 141	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 2.79 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.76
<b>RUC Recommendation:</b> 3.21				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>43193</b>	<b>Esophagoscopy, rigid, transoral; with biopsy, single or multiple</b>			<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 254	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 2.79 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.73
<b>RUC Recommendation:</b> 3.36				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>43194</b>	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	2015e Medicare Utilization: 177	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Increase	2016 Work RVU: 3.51 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.52
RUC Recommendation: 3.99		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<b>43195</b>	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	2015e Medicare Utilization: 365	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Increase	2016 Work RVU: 3.07 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.85
RUC Recommendation: 3.21		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<b>43196</b>	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	2015e Medicare Utilization: 336	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Increase	2016 Work RVU: 3.31 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.93
RUC Recommendation: 3.36		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<b>43197</b>	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	2015e Medicare Utilization: 1,847	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2016 Work RVU: 1.52 2016 NF PE RVU: 3.66 2016 Fac PE RVU: 0.66
RUC Recommendation: 1.59		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		



# Status Report: CMS Requests and Relativity Assessment Issues

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<b>43198</b>	<b>Esophagoscopy, flexible, transnasal; with biopsy, single or multiple</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES, AGA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 291	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.89			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.82 <b>2016 NF PE RVU:</b> 3.91 <b>2016 Fac PE RVU:</b> 0.79

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<b>43200</b>	<b>Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 7,866	<b>2007 Work RVU:</b> 1.59 <b>2007 NF PE RVU:</b> 3.98 <b>2007 Fac PE RVU:</b> 1.04 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.59			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.52 <b>2016 NF PE RVU:</b> 6.00 <b>2016 Fac PE RVU:</b> 0.98

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<b>43201</b>	<b>Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 333	<b>2007 Work RVU:</b> 2.09 <b>2007 NF PE RVU:</b> 4.86 <b>2007 Fac PE RVU:</b> 1.12 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.90			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.82 <b>2016 NF PE RVU:</b> 5.80 <b>2016 Fac PE RVU:</b> 1.11

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<b>43202</b>	<b>Esophagoscopy, flexible, transoral; with biopsy, single or multiple</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 2,707	<b>2007 Work RVU:</b> 1.89 <b>2007 NF PE RVU:</b> 5.44 <b>2007 Fac PE RVU:</b> 0.95 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.89			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.82 <b>2016 NF PE RVU:</b> 8.23 <b>2016 Fac PE RVU:</b> 1.10

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## *Status Report: CMS Requests and Relativity Assessment Issues*

<b>43204</b>	<b>Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 17	<b>2007 Work RVU:</b> 3.76 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.63 <b>2016 Work RVU:</b> 2.43 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.38
<b>RUC Recommendation:</b> 2.89			<b>Referred to CPT</b> May 2012	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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	2015e Medicare Utilization: 202	2007 Work RVU: 3.78	2016 Work RVU: 2.54	
						2007 NF PE RVU: NA	2016 NF PE RVU: NA	
						2007 Fac PE RVU: 1.66	2016 Fac PE RVU: 1.43	
RUC Recommendation: 3.00				Referred to CPT May 2012		Result: Decrease		
				Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization:	71	2007 Work RVU:  2007 NF PE RVU:  2007 Fac PE RVU: Result:	2.39  6.67  1.39	Decrease
RUC Recommendation:	2.39				Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:				

<b>43211</b>	<b>Esophagoscopy, flexible, transoral; with endoscopic mucosal resection</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 146	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.58			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 4.30 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.22

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43212</b>	<b>Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 625	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 3.50 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.64
<b>RUC Recommendation:</b> 3.73	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>43213</b>	<b>Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 414	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 4.73 <b>2016 NF PE RVU:</b> 29.44 <b>2016 Fac PE RVU:</b> 2.36
<b>RUC Recommendation:</b> 5.00	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>43214</b>	<b>Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 160	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 3.50 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.82
<b>RUC Recommendation:</b> 3.78	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>43215</b>	<b>Esophagoscopy, flexible, transoral; with removal of foreign body(s)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AAO-HNS, AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 1,128	<b>2007 Work RVU:</b> 2.60 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.22 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 2.54 <b>2016 NF PE RVU:</b> 8.98 <b>2016 Fac PE RVU:</b> 1.37
<b>RUC Recommendation:</b> 2.60	<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43216</b>	<b>Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 65	<b>2007 Work RVU:</b> 2.40 <b>2007 NF PE RVU:</b> 1.55 <b>2007 Fac PE RVU:</b> 1.1 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 2.40 <b>2016 NF PE RVU:</b> 9.07 <b>2016 Fac PE RVU:</b> 1.38
<b>RUC Recommendation:</b> 2.40			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>43217</b>	<b>Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 85	<b>2007 Work RVU:</b> 2.90 <b>2007 NF PE RVU:</b> 6.85 <b>2007 Fac PE RVU:</b> 1.25 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 2.90 <b>2016 NF PE RVU:</b> 9.38 <b>2016 Fac PE RVU:</b> 1.54
<b>RUC Recommendation:</b> 2.90			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>43219</b>	<b>Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.80 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.4 <b>Result:</b> Deleted from CPT <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>43220</b>	<b>Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 2,059	<b>2007 Work RVU:</b> 2.10 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.01 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 2.10 <b>2016 NF PE RVU:</b> 29.83 <b>2016 Fac PE RVU:</b> 1.22
<b>RUC Recommendation:</b> 2.10			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43226</b>	<b>Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 1,776	<b>2007 Work RVU:</b> 2.34 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.1 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.34			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.34 <b>2016 NF PE RVU:</b> 8.14 <b>2016 Fac PE RVU:</b> 1.30

<b>43227</b>	<b>Esophagoscopy, flexible, transoral; with control of bleeding, any method</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 332	<b>2007 Work RVU:</b> 3.59 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.55 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.26			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.99 <b>2016 NF PE RVU:</b> 16.37 <b>2016 Fac PE RVU:</b> 1.61

<b>43228</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.76 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.63 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>

<b>43229</b>	<b>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)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 3,725	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.72			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 3.59 <b>2016 NF PE RVU:</b> 16.46 <b>2016 Fac PE RVU:</b> 1.88

## *Status Report: CMS Requests and Relativity Assessment Issues*

43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 10	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2015e Medicare Utilization: 507	2007 Work RVU: 3.19 2016 Work RVU: 2.90 2007 NF PE RVU: NA 2016 NF PE RVU: 8.13 2007 Fac PE RVU: 1.42 2016 Fac PE RVU: 1.59
RUC Recommendation: 3.19			Referred to CPT May 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain

<b>43232</b>	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)			<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 450	<b>2007 Work RVU:</b> 4.47	<b>2016 Work RVU:</b> 3.69	
					<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> 9.48	
					<b>2007 Fac PE RVU:</b> 1.96	<b>2016 Fac PE RVU:</b> 1.85	
<b>RUC Recommendation:</b> 3.83			<b>Referred to CPT</b> May 2012		<b>Result:</b> Decrease		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

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:	2015e Medicare Utilization: 1,749	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease 2016 Work RVU: 4.17 2016 NF PE RVU: NA 2016 Fac PE RVU: 2.10
RUC Recommendation:	4.45				Referred to CPT	October 2012	
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:

<b>43234</b>	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)			<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.01	<b>2016 Work RVU:</b>	
					<b>2007 NF PE RVU:</b> 5.23	<b>2016 NF PE RVU:</b>	
					<b>2007 Fac PE RVU:</b> 0.91	<b>2016 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2012		<b>Result:</b> Deleted from CPT		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43235</b>	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 349,537	<b>2007 Work RVU:</b> 2.39 <b>2007 NF PE RVU:</b> 5.19 <b>2007 Fac PE RVU:</b> 1.11 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.26			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 2.19 <b>2016 NF PE RVU:</b> 6.36 <b>2016 Fac PE RVU:</b> 1.27
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<b>43236</b>	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> CMS Fastest Growing / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 15,147	<b>2007 Work RVU:</b> 2.92 <b>2007 NF PE RVU:</b> 6.47 <b>2007 Fac PE RVU:</b> 1.33 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.57			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> Apr 2009 and Jun 2010		<b>2016 Work RVU:</b> 2.49 <b>2016 NF PE RVU:</b> 8.19 <b>2016 Fac PE RVU:</b> 1.41
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<b>43237</b>	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 9,148	<b>2007 Work RVU:</b> 3.98 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.74 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.85			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 3.57 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.88



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43238</b>	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)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 7,470	<b>2007 Work RVU:</b> 5.02	<b>2016 Work RVU:</b> 4.26
<b>RUC Recommendation:</b> 4.50				<b>Referred to CPT</b> February 2013		<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 2.11	<b>2016 Fac PE RVU:</b> 2.19
						<b>Result:</b> Decrease	

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<b>43239</b>	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, SAGES	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 1,390,521	<b>2007 Work RVU:</b> 2.87	<b>2016 Work RVU:</b> 2.49
<b>RUC Recommendation:</b> 2.56				<b>Referred to CPT</b>		<b>2007 NF PE RVU:</b> 5.79	<b>2016 NF PE RVU:</b> 8.47
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 1.29	<b>2016 Fac PE RVU:</b> 1.40
						<b>Result:</b> Decrease	

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<b>43240</b>	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 549	<b>2007 Work RVU:</b> 6.85	<b>2016 Work RVU:</b> 7.25
<b>RUC Recommendation:</b> 7.25				<b>Referred to CPT</b> February 2013		<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 2.82	<b>2016 Fac PE RVU:</b> 3.50
						<b>Result:</b> Increase	

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# 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      **2015e Medicare Utilization:** 3,508      **2007 Work RVU:** 2.59      **2016 Work RVU:** 2.59  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 1.18      **2016 Fac PE RVU:** 1.39  
**RUC Recommendation:** 2.59      **Referred to CPT** 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, ACG      **First Identified:** October 2008      **2015e Medicare Utilization:** 25,547      **2007 Work RVU:** 7.30      **2016 Work RVU:** 4.83  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 2.98      **2016 Fac PE RVU:** 2.45  
**RUC Recommendation:** 5.39      **Referred to CPT** 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      **2015e Medicare Utilization:** 1,361      **2007 Work RVU:** 4.56      **2016 Work RVU:** 4.37  
**2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 1.94      **2016 Fac PE RVU:** 2.18  
**RUC Recommendation:** 4.37      **Referred to CPT** 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

**2015e Medicare Utilization:** 19,441

**2007 Work RVU:** 5.04  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU:** 2.14  
**Result:** Decrease

**2016 Work RVU:** 4.50  
**2016 NF PE RVU:** NA  
**2016 Fac PE RVU:** 2.31

**RUC Recommendation:** 4.50

**Referred to CPT** October 2012  
**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

**2015e Medicare Utilization:** 14,334

**2007 Work RVU:** 3.18  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU:** 1.39  
**Result:** Maintain

**2016 Work RVU:** 3.18  
**2016 NF PE RVU:** 13.79  
**2016 Fac PE RVU:** 1.66

**RUC Recommendation:** 3.18

**Referred to CPT** October 2012  
**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

**2015e Medicare Utilization:** 91,629

**2007 Work RVU:** 4.32  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU:** 1.8  
**Result:** Maintain

**2016 Work RVU:** 3.66  
**2016 NF PE RVU:** NA  
**2016 Fac PE RVU:** 1.82

**RUC Recommendation:** 4.32

**Referred to CPT** October 2012  
**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

**2015e Medicare Utilization:** 27,071

**2007 Work RVU:** 3.38  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU:** 1.48  
**Result:** Decrease

**2016 Work RVU:** 3.21  
**2016 NF PE RVU:** 8.17  
**2016 Fac PE RVU:** 1.71

**RUC Recommendation:** 3.27

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43248</b>	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
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 08</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 103,457	<b>2007 Work RVU:</b> 3.15 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.43 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.01			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 3.01 <b>2016 NF PE RVU:</b> 8.21 <b>2016 Fac PE RVU:</b> 1.64
<b>43249</b>	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 08</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 100,283	<b>2007 Work RVU:</b> 2.90 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.32 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.77			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 2.77 <b>2016 NF PE RVU:</b> 27.38 <b>2016 Fac PE RVU:</b> 1.53
<b>43250</b>	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
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 08</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 4,659	<b>2007 Work RVU:</b> 3.20 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.4 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.07			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 3.07 <b>2016 NF PE RVU:</b> 9.42 <b>2016 Fac PE RVU:</b> 1.61
<b>43251</b>	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
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 11</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 28,682	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.6 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.57			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 3.57 <b>2016 NF PE RVU:</b> 10.14 <b>2016 Fac PE RVU:</b> 1.88

## Status Report: CMS Requests and Relativity Assessment Issues

43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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# 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

**2015e Medicare Utilization:**

**2007 Work RVU:** 4.34

**2007 NF PE RVU:** NA

**2007 Fac PE RVU:** 1.85

**Result:** Deleted from CPT

**2016 Work RVU:**

**2016 NF PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

**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

**2015e Medicare Utilization:** 284

**2007 Work RVU:** 5.50

**2007 NF PE RVU:** NA

**2007 Fac PE RVU:** 2.16

**Result:** Decrease

**2016 Work RVU:** 4.25

**2016 NF PE RVU:** NA

**2016 Fac PE RVU:** 2.19

**RUC Recommendation:** 4.25

**Referred to CPT** October 2012

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 4.54

**2007 NF PE RVU:** NA

**2007 Fac PE RVU:** 1.94

**Result:** Deleted from CPT

**2016 Work RVU:**

**2016 NF PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43259</b>	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	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 35,326	<b>2007 Work RVU:</b> 5.19 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.17 <b>2016 Work RVU:</b> 4.14 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.15
<b>RUC Recommendation:</b> 4.74			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2009	<b>Result:</b> Decrease
<hr/>					
<b>43260</b>	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 6,693	<b>2007 Work RVU:</b> 5.95 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.49 <b>2016 Work RVU:</b> 5.95 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.93
<b>RUC Recommendation:</b> 5.95			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>43261</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 7,422	<b>2007 Work RVU:</b> 6.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.61 <b>2016 Work RVU:</b> 6.25 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.07
<b>RUC Recommendation:</b> 6.25			<b>Referred to CPT</b> January 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43262</b>	<b>Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy</b>	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 32,583	<b>2007 Work RVU:</b> 7.38 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.03 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.60			<b>Referred to CPT</b> January 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 6.60 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.22	

<b>43263</b>	<b>Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi</b>	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 255	<b>2007 Work RVU:</b> 7.28 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.02 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 7.28			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 6.60 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.23	

<b>43264</b>	<b>Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)</b>	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 46,962	<b>2007 Work RVU:</b> 8.89 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.61 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.73			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 6.73 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.28	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43265</b>	<b>Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)</b>	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 2,614	<b>2007 Work RVU:</b> 10.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.03 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 8.03			<b>Referred to CPT</b> February 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>43266</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 4,639	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.40			<b>Referred to CPT</b> October 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>43267</b>	<b>Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube</b>	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 7.38 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.01 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>43268</b>	<b>Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct</b>	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 7.38 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.15 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>



## Status Report: CMS Requests and Relativity Assessment Issues

43269	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent	Global: 000	Issue: ERCP	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 12 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2015e Medicare Utilization:	2007 Work RVU: 8.20 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.35 Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation: Deleted from CPT	Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:				
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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:	2015e Medicare Utilization: 17,883	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 4.26 2016 NF PE RVU: 16.55 2016 Fac PE RVU: 2.19
RUC Recommendation: 4.39	Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:				
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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	2015e Medicare Utilization:	2007 Work RVU: 7.38 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.03 Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation: Deleted from CPT	Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:				

## Status Report: CMS Requests and Relativity Assessment Issues

**43272** Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 12

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2015e Medicare Utilization:**

**2007 Work RVU:** 7.38

**2007 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.05

**Result:** Deleted from CPT

**2016 Work RVU:**

**2016 NF PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

**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

**2015e Medicare Utilization:** 5,613

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU:**

**Result:** Maintain

**2016 Work RVU:** 2.24

**2016 NF PE RVU:** NA

**2016 Fac PE RVU:** 0.99

**RUC Recommendation:** 2.24

**Referred to CPT** February 2013

**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

**2015e Medicare Utilization:** 37,469

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU:**

**Result:** Decrease

**2016 Work RVU:** 8.58

**2016 NF PE RVU:** NA

**2016 Fac PE RVU:** 4.10

**RUC Recommendation:** 8.74

**Referred to CPT** February 2013

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43275</b>	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	2015e Medicare Utilization: 11,937	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 6.96 2016 NF PE RVU: NA 2016 Fac PE RVU: 3.38
RUC Recommendation: 6.96		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<b>43276</b>	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	2015e Medicare Utilization: 11,924	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 8.94 2016 NF PE RVU: NA 2016 Fac PE RVU: 4.25
RUC Recommendation: 9.10		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<b>43277</b>	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	2015e Medicare Utilization: 5,912	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 7.00 2016 NF PE RVU: NA 2016 Fac PE RVU: 3.40
RUC Recommendation: 7.11		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	Global: 000	Issue: ERCP	Screen: MPC List	Complete? Yes		
Most Recent RUC Meeting:	April 2013	Tab 12	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2015e Medicare Utilization: 447	2007 Work RVU:	2016 Work RVU: 8.02
						2007 NF PE RVU:	2016 NF PE RVU: NA
						2007 Fac PE RVU:	2016 Fac PE RVU: 3.85
RUC Recommendation:	8.08			Referred to CPT February 2013		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 70,422	2007 Work RVU: 1.38	2016 Work RVU: 1.38
						2007 NF PE RVU: 2.64	2016 NF PE RVU: 4.46
						2007 Fac PE RVU: 0.75	2016 Fac PE RVU: 0.92
RUC Recommendation:	1.30			Referred to CPT		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 2,310	2007 Work RVU: 1.51	2016 Work RVU: 1.51
						2007 NF PE RVU: 6.12	2016 NF PE RVU: 25.75
						2007 Fac PE RVU: 0.8	2016 Fac PE RVU: 0.97
RUC Recommendation:	1.51			Referred to CPT May 2012		Result: Maintain	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
43456	Dilation of esophagus, by balloon or dilator, retrograde	Global: 000	Issue: Dilation of Esophagus	Screen: MPC List	Complete? Yes		
Most Recent RUC Meeting:	October 2012	Tab 17	Specialty Developing Recommendation: AGA, ASGE, SAGES, AAO-HNS	First Identified: September 2011	2015e Medicare Utilization:	2007 Work RVU: 2.57	2016 Work RVU:
						2007 NF PE RVU: 13.55	2016 NF PE RVU:
						2007 Fac PE RVU: 1.2	2016 Fac PE RVU:
RUC Recommendation:	Deleted from CPT			Referred to CPT October 2012		Result: Deleted from CPT	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

**43458** Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia      **Global:** 000      **Issue:** Dilation of Esophagus      **Screen:** MPC List      **Complete?** Yes

**Most Recent**      **Tab** 17      **Specialty Developing Recommendation:** AGA, ASGE, First      **2015e Medicare Utilization:**      **2007 Work RVU:** 3.06      **2016 Work RVU:**  
**RUC Meeting:** October 2012      **Identified:** September 2011      **2007 NF PE RVU:** 6.72      **2016 NF PE RVU:**  
**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2012      **2007 Fac PE RVU:** 1.37      **2016 Fac PE RVU:**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**      **Result:** Deleted from CPT

**44143** Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)      **Global:** 090      **Issue:** RAW      **Screen:** High Level E/M in Global Period      **Complete?** Yes

**Most Recent**      **Tab** 54      **Specialty Developing Recommendation:**      **First Identified:** October 2015      **2015e Medicare Utilization:** 10,697      **2007 Work RVU:** 27.63      **2016 Work RVU:** 27.79  
**RUC Meeting:** January 2016      **2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**RUC Recommendation:** 99214 visit appropriate. Remove from screen.      **2007 Fac PE RVU:** 10.6      **2016 Fac PE RVU:** 14.18  
**Referred to CPT**      **Result:** Remove from screen  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**44205** Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy      **Global:** 090      **Issue:** Laproscopic Procedures      **Screen:** CMS Fastest Growing      **Complete?** Yes

**Most Recent**      **Tab** 26      **Specialty Developing Recommendation:** ACS, ASCRS      **First Identified:** October 2008      **2015e Medicare Utilization:** 10,736      **2007 Work RVU:** 22.86      **2016 Work RVU:** 22.95  
**RUC Meeting:** October 2008      **2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**RUC Recommendation:** Remove from screen      **2007 Fac PE RVU:** 8.6      **2016 Fac PE RVU:** 11.02  
**Referred to CPT**      **Result:** Remove from Screen  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**44207** Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)      **Global:** 090      **Issue:** Laproscopic Procedures      **Screen:** CMS Fastest Growing      **Complete?** Yes

**Most Recent**      **Tab** 26      **Specialty Developing Recommendation:** ACS, ASCRS      **First Identified:** February 2008      **2015e Medicare Utilization:** 8,496      **2007 Work RVU:** 31.79      **2016 Work RVU:** 31.92  
**RUC Meeting:** October 2008      **2007 NF PE RVU:** NA      **2016 NF PE RVU:** NA  
**RUC Recommendation:** Remove from screen      **2007 Fac PE RVU:** 11.17      **2016 Fac PE RVU:** 14.44  
**Referred to CPT**      **Result:** Remove from Screen  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>44380</b>	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)			<b>Global:</b> 000	<b>Issue:</b> Ileoscopy Ileoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 2,430	<b>2007 Work RVU:</b> 1.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.6 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.97 <b>2016 NF PE RVU:</b> 5.16 <b>2016 Fac PE RVU:</b> 0.71
<b>RUC Recommendation:</b> 0.97				<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>44381</b>	Ileoscopy, through stoma; with transendoscopic balloon dilation			<b>Global:</b> 000	<b>Issue:</b> Ileoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, ACG	<b>First Identified:</b> May 2013	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.48 <b>2016 NF PE RVU:</b> 26.70 <b>2016 Fac PE RVU:</b> 0.94
<b>RUC Recommendation:</b> 1.48				<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>44382</b>	Ileoscopy, through stoma; with biopsy, single or multiple			<b>Global:</b> 000	<b>Issue:</b> Ileoscopy Ileoscopy Ileoscopy Ileoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 1,479	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.67 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 1.27 <b>2016 NF PE RVU:</b> 7.65 <b>2016 Fac PE RVU:</b> 0.86
<b>RUC Recommendation:</b> 1.27				<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>44383</b>	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)			<b>Global:</b> 000	<b>Issue:</b> Ileoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.94 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.36 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## 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

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 2.95

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.29

**Result:** Decrease

**RUC Recommendation:** 3.11

**Referred to CPT** May 2013

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

**44385** Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); 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

**2015e Medicare Utilization:** 1,306

**2007 Work RVU:** 1.82

**2016 Work RVU:** 1.30

**2007 NF PE RVU:** 3.73

**2016 NF PE RVU:** 5.43

**2007 Fac PE RVU:** 0.79

**2016 Fac PE RVU:** 0.76

**Result:** Decrease

**RUC Recommendation:** 1.30

**Referred to CPT** May 2013

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

**44386** Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); 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

**2015e Medicare Utilization:** 1,295

**2007 Work RVU:** 2.12

**2016 Work RVU:** 1.60

**2007 NF PE RVU:** 6.66

**2016 NF PE RVU:** 7.90

**2007 Fac PE RVU:** 0.93

**2016 Fac PE RVU:** 0.94

**Result:** Decrease

**RUC Recommendation:** 1.60

**Referred to CPT** May 2013

**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

**2015e Medicare Utilization:** 4,998

**2007 Work RVU:** 2.82

**2007 NF PE RVU:** 5.34

**2007 Fac PE RVU:** 1.21

**2016 Work RVU:** 2.82

**2016 NF PE RVU:** 6.77

**2016 Fac PE RVU:** 1.48

**RUC Recommendation:** 2.82

**Referred to CPT** October 2013

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

**Result:** Maintain

**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

**2015e Medicare Utilization:** 2,269

**2007 Work RVU:** 3.13

**2007 NF PE RVU:** 6.73

**2007 Fac PE RVU:** 1.35

**2016 Work RVU:** 3.12

**2016 NF PE RVU:** 9.09

**2016 Fac PE RVU:** 1.64

**RUC Recommendation:** 3.12

**Referred to CPT** October 2013

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 28

**2007 Work RVU:** 3.82

**2007 NF PE RVU:** 7.32

**2007 Fac PE RVU:** 1.57

**2016 Work RVU:** 3.84

**2016 NF PE RVU:** 8.30

**2016 Fac PE RVU:** 2.01

**RUC Recommendation:** 3.82

**Referred to CPT** October 2013

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

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

<b>44391</b>	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	2015e Medicare Utilization: 177	2007 Work RVU: 4.31 2007 NF PE RVU: 8.78 2007 Fac PE RVU: 1.83	2016 Work RVU: 4.22 2016 NF PE RVU: 17.01 2016 Fac PE RVU: 2.15
RUC Recommendation: 4.22		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:	Result: Decrease	
<b>44392</b>	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	2015e Medicare Utilization: 517	2007 Work RVU: 3.81 2007 NF PE RVU: 6.78 2007 Fac PE RVU: 1.55	2016 Work RVU: 3.63 2016 NF PE RVU: 7.71 2016 Fac PE RVU: 1.80
RUC Recommendation: 3.63		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:	Result: Decrease	
<b>44393</b>	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	2015e Medicare Utilization:	2007 Work RVU: 4.83 2007 NF PE RVU: 7.14 2007 Fac PE RVU: 1.91	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:	Result: Deleted from CPT	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>44394</b>	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	2015e Medicare Utilization: 1,573	2007 Work RVU: 4.42 2007 NF PE RVU: 7.97 2007 Fac PE RVU: 1.81  2016 Work RVU: 4.13 2016 NF PE RVU: 8.67 2016 Fac PE RVU: 2.06
RUC Recommendation: 4.13			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
<b>44397</b>	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	2015e Medicare Utilization:	2007 Work RVU: 4.70 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.93  2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT
<b>44401</b>	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	2015e Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:  2016 Work RVU: 4.44 2016 NF PE RVU: 87.43 2016 Fac PE RVU: 2.17
RUC Recommendation: 4.44			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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**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 **2015e Medicare Utilization:** **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU:** **2016 Work RVU:** 4.80 **2016 NF PE RVU:** NA **2016 Fac PE RVU:** 2.36

**RUC Recommendation:** 4.96

**Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**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 **2015e Medicare Utilization:** **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU:** **2016 Work RVU:** 5.60 **2016 NF PE RVU:** NA **2016 Fac PE RVU:** 2.64

**RUC Recommendation:** 5.81

**Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**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 **2015e Medicare Utilization:** **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU:** **2016 Work RVU:** 3.12 **2016 NF PE RVU:** 8.53 **2016 Fac PE RVU:** 1.62

**RUC Recommendation:** 3.13

**Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

44405	Colonoscopy through stoma; with transendoscopic balloon dilation	Global: 000	Issue: Colonoscopy through stoma	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 08	Specialty Developing Recommendation: ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: January 2014	2015e Medicare Utilization:	2007 Work RVU: 3.33 2007 NF PE RVU: 13.55 2007 Fac PE RVU: 1.71 2016 Work RVU: 3.33 2016 NF PE RVU: 13.55 2016 Fac PE RVU: 1.71
RUC Recommendation: 3.33			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
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	2015e Medicare Utilization:	2007 Work RVU: 4.20 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.07 2016 Work RVU: 4.20 2016 NF PE RVU: NA 2016 Fac PE RVU: 2.07
RUC Recommendation: 4.41			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
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	2015e Medicare Utilization:	2007 Work RVU: 5.06 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.42 2016 Work RVU: 5.06 2016 NF PE RVU: NA 2016 Fac PE RVU: 2.42
RUC Recommendation: 5.06			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>44408</b>	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy through stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 4.24 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.09
<b>RUC Recommendation:</b> 4.24		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>44901</b>	Incision and drainage of appendiceal abscess; percutaneous	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.37 <b>2007 NF PE RVU:</b> 25.61 <b>2007 Fac PE RVU:</b> 1.07	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>44970</b>	Laparoscopy, surgical, appendectomy	<b>Global:</b> 090	<b>Issue:</b> Laproscopic Procedures	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 20,104	<b>2007 Work RVU:</b> 9.35 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.11	<b>2016 Work RVU:</b> 9.45 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 5.73
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen	

# 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 **2015e Medicare Utilization:** **2007 Work RVU:** 12.48 **2016 Work RVU:** **2007 NF PE RVU:** NA **2016 NF PE RVU:** **2007 Fac PE RVU:** 5.28 **2016 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2008 **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 **2015e Medicare Utilization:** 2,699 **2007 Work RVU:** **2016 Work RVU:** 8.13 **2007 NF PE RVU:** **2016 NF PE RVU:** NA **2007 Fac PE RVU:** **2016 Fac PE RVU:** 7.62 **Result:** Decrease

**RUC Recommendation:** 8.00 **Referred to CPT** **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 **2015e Medicare Utilization:** 1,957 **2007 Work RVU:** **2016 Work RVU:** 12.13 **2007 NF PE RVU:** **2016 NF PE RVU:** NA **2007 Fac PE RVU:** **2016 Fac PE RVU:** 9.04 **Result:** Decrease

**RUC Recommendation:** 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**45330 Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2015e Medicare Utilization:** 56,983 **2007 Work RVU:** 0.96 **2016 Work RVU:** 0.84 **2007 NF PE RVU:** 2.33 **2016 NF PE RVU:** 3.78 **2007 Fac PE RVU:** 0.53 **2016 Fac PE RVU:** 0.67 **Result:** Decrease

**RUC Recommendation:** 0.84 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## *Status Report: CMS Requests and Relativity Assessment Issues*

45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013	Tab 06 Specialty Developing Recommendation: ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified: September 2011	2015e Medicare Utilization: 36,591	2007 Work RVU: 1.15 2007 NF PE RVU: 3.11 2007 Fac PE RVU: 0.64	2016 Work RVU: 1.14 2016 NF PE RVU: 5.99 2016 Fac PE RVU: 0.82
RUC Recommendation: 1.14		Referred to CPT May 2013		Result: Decrease	
		Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 309	2007 Work RVU: 1.79 2007 NF PE RVU: 5.15 2007 Fac PE RVU: 0.86	2016 Work RVU: 1.86 2016 NF PE RVU: 6.69 2016 Fac PE RVU: 1.11
RUC Recommendation: 1.85	Referred to CPT May 2013				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

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
					2015e Medicare Utilization: 1,213
					2007 Work RVU: 1.79
					2007 NF PE RVU: 5.06
					2007 Fac PE RVU: 0.85
					2016 Work RVU: 1.65
					2016 NF PE RVU: 8.01
					2016 Fac PE RVU: 1.01
RUC Recommendation:	1.65		Referred to CPT	May 2013	Result: Decrease
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>45334</b>	Sigmoidoscopy, flexible; with control of bleeding, any method	Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes														
Most Recent RUC Meeting:	Tab 06 October 2013	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified:	September 2011	2015e Medicare Utilization:	3,167	2007 Work RVU:	2.73	2016 Work RVU:	2.10	2007 NF PE RVU:	NA	2016 NF PE RVU:	14.94	2007 Fac PE RVU:	1.24	2016 Fac PE RVU:	1.23
RUC Recommendation:		2.10		Referred to CPT		May 2013		Result:		Decrease									
		Referred to CPT Asst		<input type="checkbox"/>		Published in CPT Asst:													

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<b>45335</b>	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes														
Most Recent RUC Meeting:	Tab 06 October 2013	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified:	September 2011	2015e Medicare Utilization:	3,131	2007 Work RVU:	1.46	2016 Work RVU:	1.14	2007 NF PE RVU:	3.74	2016 NF PE RVU:	6.91	2007 Fac PE RVU:	0.75	2016 Fac PE RVU:	0.80
RUC Recommendation:		1.15		Referred to CPT		May 2013		Result:		Decrease									
		Referred to CPT Asst		<input type="checkbox"/>		Published in CPT Asst:													

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<b>45337</b>	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:	Tab 06 October 2013	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified:	September 2011	2015e Medicare Utilization:	1,234	2007 Work RVU:	2.36	2016 Work RVU:	2.20	2007 NF PE RVU:	NA	2016 NF PE RVU:	NA	2007 Fac PE RVU:	1.06	2016 Fac PE RVU:	1.02
RUC Recommendation:		2.20		Referred to CPT		May 2013		Result:		Decrease									
		Referred to CPT Asst		<input type="checkbox"/>		Published in CPT Asst:													

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>45338</b>	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 4,980	<b>2007 Work RVU:</b> 2.34 <b>2007 NF PE RVU:</b> 5.37 <b>2007 Fac PE RVU:</b> 1.07 <b>2016 Work RVU:</b> 2.15 <b>2016 NF PE RVU:</b> 6.77 <b>2016 Fac PE RVU:</b> 1.24
<b>RUC Recommendation:</b> 2.15			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>45339</b>	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	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.14 <b>2007 NF PE RVU:</b> 4.03 <b>2007 Fac PE RVU:</b> 1.38 <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>45340</b>	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 1,344	<b>2007 Work RVU:</b> 1.89 <b>2007 NF PE RVU:</b> 7.18 <b>2007 Fac PE RVU:</b> 0.89 <b>2016 Work RVU:</b> 1.35 <b>2016 NF PE RVU:</b> 12.37 <b>2016 Fac PE RVU:</b> 0.89
<b>RUC Recommendation:</b> 1.35			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>45341</b>	<b>Sigmoidoscopy, flexible; with endoscopic ultrasound examination</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, SAGES, ACS	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 3,333	<b>2007 Work RVU:</b> 2.60 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.17	<b>2016 Work RVU:</b> 2.22 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.29
<b>RUC Recommendation:</b> 2.43	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase		

<b>45342</b>	<b>Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, SAGES, ACS	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 422	<b>2007 Work RVU:</b> 4.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.71	<b>2016 Work RVU:</b> 3.08 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.68
<b>RUC Recommendation:</b> 3.08	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		

<b>45345</b>	<b>Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.92 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.26	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT		

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>45346</b>	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 2.91 <b>2016 NF PE RVU:</b> 85.33 <b>2016 Fac PE RVU:</b> 1.55
<b>RUC Recommendation:</b> 2.97			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>45347</b>	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 2.82 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.49
<b>RUC Recommendation:</b> 2.98			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>45349</b>	Sigmoidoscopy, flexible; with endoscopic mucosal resection	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, SAGES, ACS	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 3.62 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.83
<b>RUC Recommendation:</b> 3.83			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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# Status Report: CMS Requests and Relativity Assessment Issues

45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)			Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 13	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, SAGES, ACS	First Identified: January 2014	2015e Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2016 Work RVU: 1.78 2016 NF PE RVU: 14.54 2016 Fac PE RVU: 1.06
RUC Recommendation: 1.78				Referred to CPT October 2013		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization:	2007 Work RVU: 3.51	2016 Work RVU:	
					2007 NF PE RVU: NA	2016 NF PE RVU:	
					2007 Fac PE RVU: 1.43	2016 Fac PE RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014		Result: Deleted from CPT		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)			Global: 000	Issue: Colonoscopy	Screen: CMS High Expenditure Procedural Codes1 / MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 10	Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified: September 2011	2015e Medicare Utilization: 453,821	2007 Work RVU: 3.69	2016 Work RVU: 3.36	
					2007 NF PE RVU: 6.2	2016 NF PE RVU: 6.94	
					2007 Fac PE RVU: 1.57	2016 Fac PE RVU: 1.75	
RUC Recommendation: 3.36			Referred to CPT October 2013		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

# Status Report: CMS Requests and Relativity Assessment Issues

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**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      **2015e Medicare Utilization:** 912

**2007 Work RVU:** 4.68      **2016 Work RVU:** 4.38  
**2007 NF PE RVU:** 7.78      **2016 NF PE RVU:** 8.61  
**2007 Fac PE RVU:** 1.92      **2016 Fac PE RVU:** 2.20

**RUC Recommendation:** 4.37      **Referred to CPT** October 2013      **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**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      **2015e Medicare Utilization:** 953,771

**2007 Work RVU:** 4.43      **2016 Work RVU:** 3.66  
**2007 NF PE RVU:** 7.33      **2016 NF PE RVU:** 9.18  
**2007 Fac PE RVU:** 1.87      **2016 Fac PE RVU:** 1.91

**RUC Recommendation:** 3.66      **Referred to CPT** October 2013      **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**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      **2015e Medicare Utilization:** 75,253

**2007 Work RVU:** 4.19      **2016 Work RVU:** 3.66  
**2007 NF PE RVU:** 7.26      **2016 NF PE RVU:** 8.68  
**2007 Fac PE RVU:** 1.79      **2016 Fac PE RVU:** 1.91

**RUC Recommendation:** 3.67      **Referred to CPT** October 2013      **Result:** Decrease  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jun 2010

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## Status Report: CMS Requests and Relativity Assessment Issues

**45382** Colonoscopy, flexible; with control of bleeding, any method

Global: 000

Issue: Colonoscopy

Screen: MPC List

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab 10

Specialty Developing  
Recommendation:

AGA, ASGE,  
ACG,  
ASCRS,  
ACS, SAGES

First  
Identified: September 2011

2015e  
Medicare  
Utilization: 22,838

2007 Work RVU: 5.68  
2007 NF PE RVU: 10.04  
2007 Fac PE RVU: 2.37

2016 Work RVU: 4.76  
2016 NF PE RVU: 17.17  
2016 Fac PE RVU: 2.40

RUC Recommendation: 4.76

Referred to CPT October 2013

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

**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

2015e  
Medicare  
Utilization:

2007 Work RVU: 5.86  
2007 NF PE RVU: 8.08  
2007 Fac PE RVU: 2.34

2016 Work RVU:  
2016 NF PE RVU:  
2016 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Deleted from CPT

**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

2015e  
Medicare  
Utilization: 120,218

2007 Work RVU: 4.69  
2007 NF PE RVU: 6.9  
2007 Fac PE RVU: 1.93

2016 Work RVU: 4.17  
2016 NF PE RVU: 9.83  
2016 Fac PE RVU: 2.07

RUC Recommendation: 4.17

Referred to CPT October 2013

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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**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

**2015e Medicare Utilization:** 775,338

**2007 Work RVU:** 5.30

**2016 Work RVU:** 4.67

**2007 NF PE RVU:** 7.94

**2016 NF PE RVU:** 8.68

**2007 Fac PE RVU:** 2.18

**2016 Fac PE RVU:** 2.35

**RUC Recommendation:** 4.67

**Referred to CPT** October 2013

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

**Result:** Decrease

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**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

**2015e Medicare Utilization:** 2,190

**2007 Work RVU:** 4.57

**2016 Work RVU:** 3.87

**2007 NF PE RVU:** 12.37

**2016 NF PE RVU:** 14.21

**2007 Fac PE RVU:** 1.89

**2016 Fac PE RVU:** 1.97

**RUC Recommendation:** 3.87

**Referred to CPT** October 2013

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

**Result:** Decrease

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**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 5.90

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 2.49

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>45388</b>	<b>Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 4.98 <b>2016 NF PE RVU:</b> 87.40 <b>2016 Fac PE RVU:</b> 2.42
<b>RUC Recommendation:</b> 4.98			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>45389</b>	<b>Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 5.34 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.60
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>45390</b>	<b>Colonoscopy, flexible; with endoscopic mucosal resection</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 6.14 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.87
<b>RUC Recommendation:</b> 6.35			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>45391</b>	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 852	<b>2007 Work RVU:</b> 5.09 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.13 <b>2016 Work RVU:</b> 4.74 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.38
<b>RUC Recommendation:</b> 4.95			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>45392</b>	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	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 113	<b>2007 Work RVU:</b> 6.54 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.65 <b>2016 Work RVU:</b> 5.60 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.76
<b>RUC Recommendation:</b> 5.60			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>45393</b>	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 4.78 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.12
<b>RUC Recommendation:</b> 4.78			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>45398</b>	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	
<b>RUC Recommendation:</b> 4.30			<b>Referred to CPT</b> October 2013	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 4.30
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 15.86
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 2.11
				<b>Result:</b> Decrease	

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<b>46200</b>	Fissurectomy, including sphincterotomy, when performed	<b>Global:</b> 090	<b>Issue:</b> Fissurectomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,175	
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b>	<b>2007 Work RVU:</b> 3.48	<b>2016 Work RVU:</b> 3.59
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 4.46	<b>2016 NF PE RVU:</b> 8.46
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 3.08	<b>2016 Fac PE RVU:</b> 5.10
				<b>Result:</b> PE Only	

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<b>46500</b>	Injection of sclerosing solution, hemorrhoids	<b>Global:</b> 010	<b>Issue:</b> Hemorrhoid Injection	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACS, ASCRS (colon)	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 12,187	
<b>RUC Recommendation:</b> 1.69			<b>Referred to CPT</b>	<b>2007 Work RVU:</b> 1.64	<b>2016 Work RVU:</b> 1.42
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 2.48	<b>2016 NF PE RVU:</b> 3.89
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 1.18	<b>2016 Fac PE RVU:</b> 1.90
				<b>Result:</b> Maintain	

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>47011</b>	<b>Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages</b>	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.17 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
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<b>47135</b>	<b>Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age</b>	<b>Global:</b> 090	<b>Issue:</b> Liver Allotransplantation	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> ACS, ASTS	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 1,167	<b>2007 Work RVU:</b> 83.29 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 30.59 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 91.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 90.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 44.39
<hr/>					
<b>47136</b>	<b>Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52	<b>Specialty Developing Recommendation:</b> ACS, ASTS	<b>First Identified:</b> April 2014	<b>2015e Medicare Utilization:</b> 1	<b>2007 Work RVU:</b> 70.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 26.2 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

**47382** Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency

**Global:** 010

**Issue:** Interventional Radiology Procedures

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 13

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** NA

**2015e Medicare Utilization:** 2,311

**2007 Work RVU:** 15.19

**2016 Work RVU:** 15.22

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** 125.61

**2007 Fac PE RVU:** 5.83

**2016 Fac PE RVU:** 5.74

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**47490** Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation

**Global:** 010

**Issue:** Cholecystostomy

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 04

**Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2015e Medicare Utilization:** 9,895

**2007 Work RVU:** 8.05

**2016 Work RVU:** 4.76

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 5.32

**2016 Fac PE RVU:** 4.40

**Result:** Decrease

**RUC Recommendation:** 4.76

**Referred to CPT** June 2009

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**47500** Injection procedure for percutaneous transhepatic cholangiography

**Global:** 000

**Issue:** Percutaneous Biliary Procedures Bundling

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

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015e Medicare Utilization:** 3,944

**2007 Work RVU:** 1.96

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.62

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>47505</b>	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 14,601	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.24 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>47510</b>	Introduction of percutaneous transhepatic catheter for biliary drainage	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 1,915	<b>2007 Work RVU:</b> 7.94 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.76 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>47511</b>	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 4,642	<b>2007 Work RVU:</b> 10.74 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.87 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>47525</b>	<b>Change of percutaneous biliary drainage catheter</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 12,246	<b>2007 Work RVU:</b> 5.55 <b>2007 NF PE RVU:</b> 14.8 <b>2007 Fac PE RVU:</b> 2.67 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>47530</b>	<b>Revision and/or reinsertion of transhepatic tube</b>	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b> 178	<b>2007 Work RVU:</b> 5.96 <b>2007 NF PE RVU:</b> 32.56 <b>2007 Fac PE RVU:</b> 3.53 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>47531</b>	<b>Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 1.80 <b>2016 NF PE RVU:</b> 8.59 <b>2016 Fac PE RVU:</b> 0.81
<b>RUC Recommendation:</b> 1.30		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>47532</b>	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 4.25 <b>2016 NF PE RVU:</b> 18.54 <b>2016 Fac PE RVU:</b> 1.57
<b>RUC Recommendation:</b> 4.50		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>47533</b>	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 6.00 <b>2016 NF PE RVU:</b> 31.20 <b>2016 Fac PE RVU:</b> 2.16
<b>RUC Recommendation:</b> 5.63		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>47534</b>	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 8.03 <b>2016 NF PE RVU:</b> 37.74 <b>2016 Fac PE RVU:</b> 2.78
<b>RUC Recommendation:</b> 7.85		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>47535</b>	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 4.50
				<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 26.26
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 1.68
<b>RUC Recommendation:</b> 4.20		<b>Referred to CPT</b> February 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>47536</b>	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 2.88
				<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 19.98
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 1.14
<b>RUC Recommendation:</b> 2.86		<b>Referred to CPT</b> February 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>47537</b>	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 1.83
				<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 9.37
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 0.82
<b>RUC Recommendation:</b> 1.85		<b>Referred to CPT</b> February 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase



## Status Report: CMS Requests and Relativity Assessment Issues

47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes			
Most Recent RUC Meeting:	October 2015	Tab 04	Specialty Developing Recommendation:	ACR, SIR	First Identified: February 2015	2015e Medicare Utilization:	2007 Work RVU:	2016 Work RVU: 6.60
RUC Recommendation:	5.00				Referred to CPT February 2015	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU:	2016 NF PE RVU: 120.38
						Published in CPT Asst:	2007 Fac PE RVU:	2016 Fac PE RVU: 2.35
							Result: Increase	
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes			
Most Recent RUC Meeting:	October 2015	Tab 04	Specialty Developing Recommendation:	ACR, SIR	First Identified: February 2015	2015e Medicare Utilization:	2007 Work RVU:	2016 Work RVU: 9.00
RUC Recommendation:	9.00				Referred to CPT February 2015	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU:	2016 NF PE RVU: 129.63
						Published in CPT Asst:	2007 Fac PE RVU:	2016 Fac PE RVU: 3.09
							Result: Increase	
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes			
Most Recent RUC Meeting:	October 2015	Tab 04	Specialty Developing Recommendation:	ACR, SIR	First Identified: February 2015	2015e Medicare Utilization:	2007 Work RVU:	2016 Work RVU: 10.75
RUC Recommendation:	9.28				Referred to CPT February 2015	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU:	2016 NF PE RVU: 133.28
						Published in CPT Asst:	2007 Fac PE RVU:	2016 Fac PE RVU: 3.69
							Result: Increase	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>47541</b>	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 5.61
<b>RUC Recommendation:</b> 7.00		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 27.29
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 2.01
				<b>Result:</b> Increase	
<b>47542</b>	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 2.50
<b>RUC Recommendation:</b> 2.85		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 11.56
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 0.78
				<b>Result:</b> Increase	
<b>47543</b>	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 3.07
<b>RUC Recommendation:</b> 3.00		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 33.88
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 1.08
				<b>Result:</b> Increase	

## Status Report: CMS Requests and Relativity Assessment Issues

**47544** Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 04

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 4.29

**2007 NF PE RVU:**

**2016 NF PE RVU:** 18.30

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.40

**Result:** Increase

**RUC Recommendation:** 3.28

**Referred to CPT** February 2015

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

**47560** Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy **Global:** 000 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 18

**Specialty Developing Recommendation:**

**First Identified:** July 2013

**2015e Medicare Utilization:** 44

**2007 Work RVU:** 4.88

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 1.57

**2016 Fac PE RVU:**

**Result:** Maintain

**RUC Recommendation:** Deleted from CPT

**Referred to 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

**2015e Medicare Utilization:** 107,793

**2007 Work RVU:** 11.63

**2016 Work RVU:** 10.47

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 5.06

**2016 Fac PE RVU:** 6.11

**Result:** Maintain

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

**Referred to CPT**

**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

**2015e  
Medicare  
Utilization:** 46,348

**2007 Work RVU:** 12.03

**2016 Work RVU:** 11.47

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 5.24

**2016 Fac PE RVU:** 6.51

**Result:** Maintain

**RUC Recommendation:** No further action. 12.11

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**47600** Cholecystectomy;

**Global:** 090

**Issue:** Cholecystectomy

**Screen:** CMS Request - Final  
Rule for 2012

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 36

**Specialty Developing  
Recommendation:** ACS, SAGES

**First  
Identified:** September 2011

**2015e  
Medicare  
Utilization:** 10,725

**2007 Work RVU:** 17.35

**2016 Work RVU:** 17.48

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 6.4

**2016 Fac PE RVU:** 9.35

**Result:** Increase

**RUC Recommendation:** 20.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**47605** Cholecystectomy; with cholangiography

**Global:** 090

**Issue:** Cholecystectomy

**Screen:** CMS Request - Final  
Rule for 2012

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 36

**Specialty Developing  
Recommendation:** ACS, SAGES

**First  
Identified:** September 2011

**2015e  
Medicare  
Utilization:** 2,230

**2007 Work RVU:** 15.90

**2016 Work RVU:** 18.48

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 6.47

**2016 Fac PE RVU:** 9.73

**Result:** Increase

**RUC Recommendation:** 21.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

### 48102 Biopsy of pancreas, percutaneous needle

Global: 010

Issue: Percutaneous Needle Biopsy Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

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

First Identified: September 2007

2015e Medicare Utilization: 1,343

2007 Work RVU: 4.68

2016 Work RVU: 4.70

2007 NF PE RVU: 8.21

2016 NF PE RVU: 10.06

2007 Fac PE RVU: 1.85

2016 Fac PE RVU: 1.90

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

### 48511 External drainage, pseudocyst of pancreas; percutaneous

Global: 000

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent Tab 04 Specialty Developing  
RUC Meeting: January 2013 Recommendation:

First Identified: January 2012

2015e Medicare Utilization:

2007 Work RVU: 3.99

2016 Work RVU:

2007 NF PE RVU: 20.43

2016 NF PE RVU:

2007 Fac PE RVU: 1.27

2016 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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 Tab 04 Specialty Developing ACR, SIR  
RUC Meeting: January 2013 Recommendation:

First Identified: January 2012

2015e Medicare Utilization:

2007 Work RVU: 3.37

2016 Work RVU:

2007 NF PE RVU: 20.43

2016 NF PE RVU:

2007 Fac PE RVU: 1.07

2016 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

<b>49041</b>	<b>Drainage of subdiaphragmatic or subphrenic abscess; percutaneous</b>	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.99 <b>2007 NF PE RVU:</b> 19.33 <b>2007 Fac PE RVU:</b> 1.27 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>49061</b>	<b>Drainage of retroperitoneal abscess; percutaneous</b>	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> 19.38 <b>2007 Fac PE RVU:</b> 1.17 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>49080</b>	<b>Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial</b>	<b>Global:</b> 000	<b>Issue:</b> Peritoneocentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 5 <b>Specialty Developing Recommendation:</b> ACR, AGA, ASGE, AUR, SIR	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.35 <b>2007 NF PE RVU:</b> 3.63 <b>2007 Fac PE RVU:</b> 0.45 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>49081</b>	<b>Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent</b>	<b>Global:</b> 000	<b>Issue:</b> Peritoneocentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 5	<b>Specialty Developing Recommendation:</b> ACR, AGA, ASGE, AUR, SIR	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.26 <b>2007 NF PE RVU:</b> 2.65 <b>2007 Fac PE RVU:</b> 0.43 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2016 Work RVU:</b>					<b>2016 NF PE RVU:</b>
					<b>2016 Fac PE RVU:</b>
<b>49082</b>	<b>Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Abdominal Paracentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ACR, ACS, AGA, ASGE, SIR	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 11,989	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.35			<b>Referred to CPT</b> June 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2016 Work RVU:</b> 1.24
					<b>2016 NF PE RVU:</b> 4.06
					<b>2016 Fac PE RVU:</b> 0.75
<b>49083</b>	<b>Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Abdominal Paracentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ACR, ACS, AGA, ASGE, SIR	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 212,763	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.00			<b>Referred to CPT</b> June 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2016 Work RVU:</b> 2.00
					<b>2016 NF PE RVU:</b> 6.15
					<b>2016 Fac PE RVU:</b> 0.97
<b>49084</b>	<b>Peritoneal lavage, including imaging guidance, when performed</b>	<b>Global:</b> 000	<b>Issue:</b> Abdominal Paracentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ACR, ACS, AGA, ASGE, SIR	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 2,023	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase
<b>RUC Recommendation:</b> 2.50			<b>Referred to CPT</b> June 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2016 Work RVU:</b> 2.00
					<b>2016 NF PE RVU:</b> NA
					<b>2016 Fac PE RVU:</b> 0.72

## 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

**2015e Medicare Utilization:** 5,866

**2007 Work RVU:**

**2016 Work RVU:** 4.25

**2007 NF PE RVU:**

**2016 NF PE RVU:** 20.21

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.51

**Result:** Decrease

**RUC Recommendation:** 4.25

**Referred to CPT** October 2012

**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

**2015e Medicare Utilization:** 29,929

**2007 Work RVU:**

**2016 Work RVU:** 4.25

**2007 NF PE RVU:**

**2016 NF PE RVU:** 20.23

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.52

**Result:** Decrease

**RUC Recommendation:** 4.25

**Referred to CPT** October 2012

**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

**2015e Medicare Utilization:** 269

**2007 Work RVU:**

**2016 Work RVU:** 4.50

**2007 NF PE RVU:**

**2016 NF PE RVU:** 15.79

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.62

**Result:** Decrease

**RUC Recommendation:** 4.50

**Referred to CPT** October 2012

**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:	2015e Medicare Utilization: 4,909	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 4.21 2016 NF PE RVU: 36.08 2016 Fac PE RVU: 1.68
RUC Recommendation: 4.21				Referred to CPT February 2010 Referred to CPT Asst <input type="checkbox"/> 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	2015e Medicare Utilization:	2007 Work RVU: 2.22 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.11 Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation: Deleted from CPT				Referred to CPT February 2010 Referred to CPT Asst <input type="checkbox"/> 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	2015e Medicare Utilization: 2,682	2007 Work RVU: 5.87 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.15 Result: Decrease	2016 Work RVU: 4.21 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.53
RUC Recommendation: 4.21				Referred to CPT February 2010 Referred to CPT Asst <input type="checkbox"/> 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

**2015e  
Medicare  
Utilization:** 66,718

**2007 Work RVU:** 7.88

**2016 Work RVU:** 7.96

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.78

**2016 Fac PE RVU:** 5.22

**Result:** Maintain

**RUC Recommendation:** Reaffirmed

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**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

**2015e  
Medicare  
Utilization:** 11,891

**2007 Work RVU:** 9.97

**2016 Work RVU:** 9.09

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 4.46

**2016 Fac PE RVU:** 5.70

**Result:** Maintain

**RUC Recommendation:** 10.05

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**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

**2015e  
Medicare  
Utilization:** 2,290

**2007 Work RVU:** 12.36

**2016 Work RVU:** 11.48

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 5.18

**2016 Fac PE RVU:** 6.54

**Result:** Maintain

**RUC Recommendation:** 12.44

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**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

**2015e  
Medicare  
Utilization:** 9,083

**2007 Work RVU:** 7.96

**2016 Work RVU:** 7.08

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.77

**2016 Fac PE RVU:** 5.00

**Result:** Maintain

**RUC Recommendation:** 8.04

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>49652</b>	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	<b>Global:</b> 090	<b>Issue:</b> Laparoscopic Hernia Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> June 2010	<b>2015e Medicare Utilization:</b> 7,637	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 11.92 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 6.83
<b>RUC Recommendation:</b> 12.88		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>49653</b>	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	<b>Global:</b> 090	<b>Issue:</b> Laparoscopic Hernia Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> June 2010	<b>2015e Medicare Utilization:</b> 4,240	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 14.94 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 8.42
<b>RUC Recommendation:</b> 16.21		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>49654</b>	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	<b>Global:</b> 090	<b>Issue:</b> Laparoscopic Hernia Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> June 2010	<b>2015e Medicare Utilization:</b> 6,541	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 13.76 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 7.48
<b>RUC Recommendation:</b> 15.03		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>49655</b>	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	<b>Global:</b> 090	<b>Issue:</b> Laparoscopic Hernia Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> June 2010	<b>2015e Medicare Utilization:</b> 3,791	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 16.84 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 9.10
<b>RUC Recommendation:</b> 18.11		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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# 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

**2015e Medicare Utilization:**

**2007 Work RVU:** 3.37

**2016 Work RVU:**

**2007 NF PE RVU:** 21.23

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 1.07

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**Result:** Deleted from CPT

**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

**2015e Medicare Utilization:** 33,666

**2007 Work RVU:** 2.63

**2016 Work RVU:** 2.63

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** 14.54

**2007 Fac PE RVU:** 1.24

**2016 Fac PE RVU:** 1.22

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

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

**Result:** PE Only

**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:**

**2015e Medicare Utilization:** 10,326

**2007 Work RVU:** 40.45

**2016 Work RVU:** 39.88

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 16.32

**2016 Fac PE RVU:** 21.02

**RUC Recommendation:** 40.90

**Referred to CPT**

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**50387** Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation

**Global:** 000

**Issue:** Genitourinary Catheter Procedures

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 09

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015e Medicare Utilization:** 5,532

**2007 Work RVU:** 2.00

**2016 Work RVU:** 2.00

**2007 NF PE RVU:** 16.66

**2016 NF PE RVU:** 13.29

**2007 Fac PE RVU:** 0.65

**2016 Fac PE RVU:** 0.64

**Result:** Maintain

**RUC Recommendation:** 2.00

**Referred to CPT** October 2014

**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

**2015e Medicare Utilization:** 21,847

**2007 Work RVU:** 3.37

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 1.46

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

**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

**2015e Medicare Utilization:** 12,270

**2007 Work RVU:** 4.15

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 1.71

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50394</b>	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 18,944	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 2.45 <b>2007 Fac PE RVU:</b> 0.63 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>50395</b>	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b> 3,638	<b>2007 Work RVU:</b> 3.37 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.47 <b>Result:</b>	<b>2016 Work RVU:</b> 3.37 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.47
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>50398</b>	Change of nephrostomy or pyelostomy tube	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 34,108	<b>2007 Work RVU:</b> 1.46 <b>2007 NF PE RVU:</b> 15.06 <b>2007 Fac PE RVU:</b> 0.51 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50430</b>	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	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 3.15 <b>2016 NF PE RVU:</b> 11.35 <b>2016 Fac PE RVU:</b> 1.40
<b>RUC Recommendation:</b> 3.15		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>50431</b>	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	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 1.10 <b>2016 NF PE RVU:</b> 3.39 <b>2016 Fac PE RVU:</b> 0.72
<b>RUC Recommendation:</b> 1.42		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>50432</b>	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	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 4.25 <b>2016 NF PE RVU:</b> 19.33 <b>2016 Fac PE RVU:</b> 1.76
<b>RUC Recommendation:</b> 5.75		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**50434** Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract

**Global:** 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 2014

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 4.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 21.16

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.68

**Result:** Increase

**RUC Recommendation:** 4.20

**Referred to CPT** October 2014

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

**50435** Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

**Global:** 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 2014

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 1.82

**2007 NF PE RVU:**

**2016 NF PE RVU:** 11.41

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.95

**Result:** Increase

**RUC Recommendation:** 2.00

**Referred to CPT** October 2014

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

**50542** Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed

**Global:** 090

**Issue:** Laproscopic Procedures

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing Recommendation:** AUA

**First Identified:** October 2008

**2015e Medicare Utilization:** 329

**2007 Work RVU:** 21.18

**2016 Work RVU:** 21.36

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 8.93

**2016 Fac PE RVU:** 9.76

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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



## Status Report: CMS Requests and Relativity Assessment Issues

**50548** Laparoscopy, surgical; nephrectomy with total ureterectomy

**Global:** 090

**Issue:** Laproscopic Procedures

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing**  
**Recommendation:** AUA

**First**  
**Identified:** October 2008

**2015e**  
**Medicare**  
**Utilization:** 2,000

**2007 Work RVU:** 25.26

**2016 Work RVU:** 25.36

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 9.99

**2016 Fac PE RVU:** 10.50

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**50590** Lithotripsy, extracorporeal shock wave

**Global:** 090

**Issue:** Lithotripsy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

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

**Tab** 42

**Specialty Developing**  
**Recommendation:** AUA

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

**2015e**  
**Medicare**  
**Utilization:** 59,679

**2007 Work RVU:** 9.64

**2016 Work RVU:** 9.77

**2007 NF PE RVU:** 13.6

**2016 NF PE RVU:** 9.65

**2007 Fac PE RVU:** 4.65

**2016 Fac PE RVU:** 5.44

**Result:** Maintain

**RUC Recommendation:** 9.77

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**50605** Ureterotomy for insertion of indwelling stent, all types

**Global:** 090

**Issue:** Ureterotomy

**Screen:** CMS Fastest Growing /  
CPT Assistant Analysis

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing**  
**Recommendation:** AUA, SIR

**First**  
**Identified:** October 2008

**2015e**  
**Medicare**  
**Utilization:** 2,788

**2007 Work RVU:** 16.66

**2016 Work RVU:** 16.79

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 7.06

**2016 Fac PE RVU:** 8.32

**Result:** Maintain

**RUC Recommendation:** Review action plan at the RAW Oct 2015. CPT  
Assistant article published.

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Dec 2009

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50606</b> Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 08 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase
<b>RUC Recommendation:</b> 3.16		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 3.16 <b>2016 NF PE RVU:</b> 11.48 <b>2016 Fac PE RVU:</b> 1.05
<b>50693</b> Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 09 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase
<b>RUC Recommendation:</b> 4.60		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 4.21 <b>2016 NF PE RVU:</b> 25.43 <b>2016 Fac PE RVU:</b> 1.74
<b>50694</b> 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	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 09 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 5.50 <b>2016 NF PE RVU:</b> 27.06 <b>2016 Fac PE RVU:</b> 2.18

## Status Report: CMS Requests and Relativity Assessment Issues

50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Global: 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 2014	2015e Medicare Utilization:	2007 Work RVU:	2016 Work RVU: 7.05
RUC Recommendation:	7.55				Referred to CPT October 2014	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU:	2016 NF PE RVU: 32.63
						Published in CPT Asst:	2007 Fac PE RVU:	2016 Fac PE RVU: 2.68
							Result: Increase	
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes			
Most Recent RUC Meeting:	April 2015	Tab 08	Specialty Developing Recommendation:	ACR, SIR	First Identified: October 2014	2015e Medicare Utilization:	2007 Work RVU:	2016 Work RVU: 4.03
RUC Recommendation:	4.03				Referred to CPT October 2014	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU:	2016 NF PE RVU: 43.86
						Published in CPT Asst:	2007 Fac PE RVU:	2016 Fac PE RVU: 1.34
							Result: Increase	
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes			
Most Recent RUC Meeting:	April 2015	Tab 08	Specialty Developing Recommendation:	ACR, SIR	First Identified: October 2014	2015e Medicare Utilization:	2007 Work RVU:	2016 Work RVU: 3.80
RUC Recommendation:	3.80				Referred to CPT October 2014	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU:	2016 NF PE RVU: 17.53
						Published in CPT Asst:	2007 Fac PE RVU:	2016 Fac PE RVU: 1.26
							Result: Increase	

# Status Report: CMS Requests and Relativity Assessment Issues

## 51040 Cystostomy, cystostomy with drainage

Global: 090

Issue: Cystostomy

Screen: Site of Service Anomaly  
(99238-Only)

Complete? Yes

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

First Identified: September 2007

2015e  
Medicare  
Utilization: 5,636

2007 Work RVU: 4.43

2016 Work RVU: 4.49

2007 NF PE RVU: NA

2016 NF PE RVU: NA

2007 Fac PE RVU: 3.01

2016 Fac PE RVU: 3.29

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 51102 Aspiration of bladder; with insertion of suprapubic catheter

Global: 000

Issue: Urological Procedures

Screen: Site of Service Anomaly

Complete? Yes

Most Recent Tab 45 Specialty Developing AUA  
RUC Meeting: April 2008 Recommendation:

First Identified: September 2007

2015e  
Medicare  
Utilization: 13,592

2007 Work RVU:

2016 Work RVU: 2.70

2007 NF PE RVU:

2016 NF PE RVU: 3.46

2007 Fac PE RVU:

2016 Fac PE RVU: 1.17

Result: Decrease

RUC Recommendation: 2.70

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 51700 Bladder irrigation, simple, lavage and/or instillation

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 32 Specialty Developing AUA  
RUC Meeting: January 2016 Recommendation:

First Identified: July 2015

2015e  
Medicare  
Utilization: 178,920

2007 Work RVU: 0.88

2016 Work RVU: 0.88

2007 NF PE RVU: 1.58

2016 NF PE RVU: 1.38

2007 Fac PE RVU: 0.3

2016 Fac PE RVU: 0.31

Result: Decrease

RUC Recommendation: 0.60

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 32 Specialty Developing AUA  
RUC Meeting: January 2016 Recommendation:

First Identified: July 2015

2015e  
Medicare  
Utilization: 174,475

2007 Work RVU: 0.50

2016 Work RVU: 0.50

2007 NF PE RVU: 1.45

2016 NF PE RVU: 0.99

2007 Fac PE RVU: 0.21

2016 Fac PE RVU: 0.24

Result: Maintain

RUC Recommendation: 0.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>51702</b>	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	<b>Global:</b> 000	<b>Issue:</b> Bladder Catheter	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 224,298	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 1.94 <b>2007 Fac PE RVU:</b> 0.27 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.50 <b>2016 NF PE RVU:</b> 1.44 <b>2016 Fac PE RVU:</b> 0.31

<b>51703</b>	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	<b>Global:</b> 000	<b>Issue:</b> Bladder Catheter	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 56,145	<b>2007 Work RVU:</b> 1.47 <b>2007 NF PE RVU:</b> 2.62 <b>2007 Fac PE RVU:</b> 0.63 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.47			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.47 <b>2016 NF PE RVU:</b> 2.05 <b>2016 Fac PE RVU:</b> 0.71

<b>51720</b>	Bladder instillation of anticarcinogenic agent (including retention time)	<b>Global:</b> 000	<b>Issue:</b> Treatment of Bladder Lesion	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 175,067	<b>2007 Work RVU:</b> 1.50 <b>2007 NF PE RVU:</b> 1.72 <b>2007 Fac PE RVU:</b> 0.71 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.87			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.50 <b>2016 NF PE RVU:</b> 1.43 <b>2016 Fac PE RVU:</b> 0.64

<b>51726</b>	Complex cystometrogram (ie, calibrated electronic equipment);	<b>Global:</b> 000	<b>Issue:</b> Urodynamic Studies	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AUA, ACOG	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 8,776	<b>2007 Work RVU:</b> 1.71 <b>2007 NF PE RVU:</b> 7.41 <b>2007 Fac PE RVU:</b> 7.41 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.71			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.71 <b>2016 NF PE RVU:</b> 5.56 <b>2016 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>51727</b>	<b>Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique</b>	<b>Global:</b> 000	<b>Issue:</b> Urodynamic Studies	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2009

**Tab 16 Specialty Developing Recommendation:** AUA, ACOG

**First Identified:**

**2015e Medicare Utilization:** 2,640

**2007 Work RVU:**

**2016 Work RVU:** 2.11

**2007 NF PE RVU:**

**2016 NF PE RVU:** 6.51

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 2.11

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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<b>51728</b>	<b>Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique</b>	<b>Global:</b> 000	<b>Issue:</b> Urodynamic Studies	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2009

**Tab 16 Specialty Developing Recommendation:** AUA, ACOG

**First Identified:** February 2009

**2015e Medicare Utilization:** 67,665

**2007 Work RVU:**

**2016 Work RVU:** 2.11

**2007 NF PE RVU:**

**2016 NF PE RVU:** 6.58

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 2.11

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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<b>51729</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Urodynamic Studies	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2009

**Tab 16 Specialty Developing Recommendation:** AUA, ACOG

**First Identified:**

**2015e Medicare Utilization:** 75,796

**2007 Work RVU:**

**2016 Work RVU:** 2.51

**2007 NF PE RVU:**

**2016 NF PE RVU:** 6.87

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 2.51

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>51736</b>	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	<b>Global:</b> XXX	<b>Issue:</b> Uroflowmetry	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 11,650	<b>2007 Work RVU:</b> 0.61 <b>2007 NF PE RVU:</b> 0.67 <b>2007 Fac PE RVU:</b> 0.67 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.17 <b>2016 NF PE RVU:</b> 0.25 <b>2016 Fac PE RVU:</b> NA

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<b>51741</b>	Complex uroflowmetry (eg, calibrated electronic equipment)	<b>Global:</b> XXX	<b>Issue:</b> Uroflowmetry	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 517,881	<b>2007 Work RVU:</b> 1.14 <b>2007 NF PE RVU:</b> 0.91 <b>2007 Fac PE RVU:</b> 0.91 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.17 <b>2016 NF PE RVU:</b> 0.26 <b>2016 Fac PE RVU:</b> NA

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<b>51772</b>	Deleted from CPT	<b>Global:</b> 000	<b>Issue:</b> Urodynamic Studies	<b>Screen:</b> Codes Reported Together 95% or More / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.61 <b>2007 NF PE RVU:</b> 5.44 <b>2007 Fac PE RVU:</b> 5.44 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>51784</b>	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	<b>Global:</b> 000	<b>Issue:</b> Electromyography Studies (EMG)	<b>Screen:</b> Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 155,447	<b>2007 Work RVU:</b> 1.53 <b>2007 NF PE RVU:</b> 3.95 <b>2007 Fac PE RVU:</b> 3.95 <b>2016 Work RVU:</b> 1.53 <b>2016 NF PE RVU:</b> 3.75 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.75			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Feb 2014
					<b>Result:</b> Decrease
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<b>51792</b>	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	<b>Global:</b> 000	<b>Issue:</b> Urinary Reflex Studies with EMG	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 12,498	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 5.74 <b>2007 Fac PE RVU:</b> 5.74 <b>2016 Work RVU:</b> 1.10 <b>2016 NF PE RVU:</b> 4.75 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> CPT edits and CPT Assistant article complete.			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Feb 2014
					<b>Result:</b> Maintain
<hr/>					
<b>51795</b>	Deleted from CPT	<b>Global:</b> 000	<b>Issue:</b> Urology Studies	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.53 <b>2007 NF PE RVU:</b> 7.15 <b>2007 Fac PE RVU:</b> 7.15 <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>Result:</b> Deleted from CPT
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# Status Report: CMS Requests and Relativity Assessment Issues

**51797** Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** S

**Specialty Developing Recommendation:**

**First Identified:** February 2008

**2015e Medicare Utilization:** 128,769

**2007 Work RVU:** 1.60

**2016 Work RVU:** 0.80

**2007 NF PE RVU:** 5.55

**2016 NF PE RVU:** 2.29

**2007 Fac PE RVU:** 5.55

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.80

**Referred to CPT** February 2009

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

**51798** Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

**Global:** XXX

**Issue:** Voiding Pressure Studies

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 25

**Specialty Developing Recommendation:** AUA

**First Identified:** July 2015

**2015e Medicare Utilization:** 2,107,173

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 0.4

**2016 NF PE RVU:** 0.52

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** PE Only

**Referred to CPT**

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

**52000** Cystourethroscopy (separate procedure)

**Global:** 000

**Issue:** Cystourethroscopy

**Screen:** MPC List / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 35

**Specialty Developing Recommendation:** AUA, ACOG

**First Identified:** October 2010

**2015e Medicare Utilization:** 906,895

**2007 Work RVU:** 2.23

**2016 Work RVU:** 2.23

**2007 NF PE RVU:** 3.4

**2016 NF PE RVU:** 3.31

**2007 Fac PE RVU:** 0.91

**2016 Fac PE RVU:** 1.14

**Result:** Decrease

**RUC Recommendation:** 1.75

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**52214** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands **Global:** 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2015e Medicare Utilization:** 19,456 **2007 Work RVU:** 3.70 **2016 Work RVU:** 3.50 **2007 NF PE RVU:** 33.55 **2016 NF PE RVU:** 14.73 **2007 Fac PE RVU:** 1.47 **2016 Fac PE RVU:** 1.18 **Result:** Decrease

**RUC Recommendation:** Refer to CPT Assistant. 3.50. **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Aug 2009 and May 2016

**52224** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy **Global:** 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2015e Medicare Utilization:** 44,900 **2007 Work RVU:** 3.14 **2016 Work RVU:** 4.05 **2007 NF PE RVU:** 32.11 **2016 NF PE RVU:** 14.99 **2007 Fac PE RVU:** 1.28 **2016 Fac PE RVU:** 1.37 **Result:** Increase

**RUC Recommendation:** Refer to CPT Assistant. 4.05. **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Aug 2009 and May 2016

**52234** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm) **Global:** 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2015e Medicare Utilization:** 26,583 **2007 Work RVU:** 4.62 **2016 Work RVU:** 4.62 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 1.83 **2016 Fac PE RVU:** 1.95 **Result:** Maintain

**RUC Recommendation:** Refer to CPT Assistant. 4.62 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** May 2016

# Status Report: CMS Requests and Relativity Assessment Issues

<b>52235</b>	<b>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 31,569	<b>2007 Work RVU:</b> 5.44 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.13 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 5.44 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.26
<b>RUC Recommendation:</b> Refer to CPT Assistant. 5.44		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> May 2016	
<b>52240</b>	<b>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 22,174	<b>2007 Work RVU:</b> 9.71 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.6 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 7.50 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.95
<b>RUC Recommendation:</b> Refer to CPT Assistant. 8.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> May 2016	
<b>52281</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 82,385	<b>2007 Work RVU:</b> 2.80 <b>2007 NF PE RVU:</b> 6.65 <b>2007 Fac PE RVU:</b> 1.21 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 2.75 <b>2016 NF PE RVU:</b> 4.65 <b>2016 Fac PE RVU:</b> 1.32
<b>RUC Recommendation:</b> 2.80		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>52332</b>	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 136,324	<b>2007 Work RVU:</b> 2.83 <b>2007 NF PE RVU:</b> 7.42 <b>2007 Fac PE RVU:</b> 1.19 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.82			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.82 <b>2016 NF PE RVU:</b> 10.66 <b>2016 Fac PE RVU:</b> 1.34
<b>52341</b>	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	<b>Global:</b> 000	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 65	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b> 2,471	<b>2007 Work RVU:</b> 6.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.44 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.35			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 5.35 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.23
<b>52342</b>	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	<b>Global:</b> 000	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 65	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b> 255	<b>2007 Work RVU:</b> 6.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.59 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.85			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 5.85 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.39

## Status Report: CMS Requests and Relativity Assessment Issues

**52343** Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2015e**  
**Medicare**  
**Utilization:** 24

**2007 Work RVU:** 7.31

**2016 Work RVU:** 6.55

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 2.84

**2016 Fac PE RVU:** 2.63

**Result:** Decrease

**RUC Recommendation:** 6.55

**Referred to CPT**

**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** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

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

**2015e**  
**Medicare**  
**Utilization:** 3,100

**2007 Work RVU:** 7.81

**2016 Work RVU:** 7.05

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.09

**2016 Fac PE RVU:** 2.79

**Result:** Decrease

**RUC Recommendation:** 7.05

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**52345** Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2015e**  
**Medicare**  
**Utilization:** 470

**2007 Work RVU:** 8.31

**2016 Work RVU:** 7.55

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.27

**2016 Fac PE RVU:** 2.97

**Result:** Decrease

**RUC Recommendation:** 7.55

**Referred to CPT**

**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** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2015e**  
**Medicare**  
**Utilization:** 227

**2007 Work RVU:** 9.34

**2016 Work RVU:** 8.58

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.62

**2016 Fac PE RVU:** 3.31

**Result:** Decrease

**RUC Recommendation:** 8.58

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>52351</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 20,771	<b>2007 Work RVU:</b> 5.85 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.36 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 5.75 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.33
<b>RUC Recommendation:</b> 5.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>52352</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 22,475	<b>2007 Work RVU:</b> 6.87 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.77 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 6.75 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.69
<b>RUC Recommendation:</b> 6.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>52353</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 11,965	<b>2007 Work RVU:</b> 7.96 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.14 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 7.50 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.95
<b>RUC Recommendation:</b> 7.50		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>52354</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 7,966	<b>2007 Work RVU:</b> 7.33 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.94 <b>Result:</b> Increase	<b>2016 Work RVU:</b> 8.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.12
<b>RUC Recommendation:</b> 8.58		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>52355</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 885	<b>2007 Work RVU:</b> 8.81 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.44 <b>Result:</b> Increase	<b>2016 Work RVU:</b> 9.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.46
<b>RUC Recommendation:</b> 10.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>52356</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> January 2013	<b>2015e Medicare Utilization:</b> 50,700	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 8.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.08
<b>RUC Recommendation:</b> 8.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>52400</b>	<b>Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds</b>	<b>Global:</b> 090	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 65 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 264	<b>2007 Work RVU:</b> 10.06 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.18 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 8.69 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.08
<b>RUC Recommendation:</b> 8.69		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>52500</b>	<b>Transurethral resection of bladder neck (separate procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 65 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 3,883	<b>2007 Work RVU:</b> 9.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.52 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 8.14 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.95
<b>RUC Recommendation:</b> 8.14		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>52601</b>	<b>Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)</b>	<b>Global:</b> 090	<b>Issue:</b> Transurethral Electrosurgical Resection of Prostate (TURP)	<b>Screen:</b> Site of Service Anomaly - 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 46,652	<b>2007 Work RVU:</b> 15.13 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.99 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 15.26 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 7.31
<b>RUC Recommendation:</b> 13.16		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>52640</b>	<b>Transurethral resection; of postoperative bladder neck contracture</b>	<b>Global:</b> 090	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,624	<b>2007 Work RVU:</b> 6.89 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.35 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 4.79 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.71
<b>RUC Recommendation:</b> 4.79		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



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

**First** **2015e**  
**Identified:** February 2008 **Medicare**  
**Utilization:** 23,787

**2007 Work RVU:** 12.00 **2016 Work RVU:** 12.15  
**2007 NF PE RVU:** 66.1 **2016 NF PE RVU:** 38.24  
**2007 Fac PE RVU:** 5.44 **2016 Fac PE RVU:** 6.31  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**53445** Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 31 **Specialty Developing** AUA  
**RUC Meeting:** February 2011 **Recommendation:**

**First** **2015e**  
**Identified:** September 2007 **Medicare**  
**Utilization:** 1,766

**2007 Work RVU:** 15.21 **2016 Work RVU:** 13.00  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.55 **2016 Fac PE RVU:** 7.14  
**Result:** Decrease

**RUC Recommendation:** 13.00

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

**53850** Transurethral destruction of prostate tissue; by microwave thermotherapy **Global:** 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent** **Tab** 43 **Specialty Developing** AUA  
**RUC Meeting:** April 2012 **Recommendation:**

**First** **2015e**  
**Identified:** September 2011 **Medicare**  
**Utilization:** 8,042

**2007 Work RVU:** 9.98 **2016 Work RVU:** 10.08  
**2007 NF PE RVU:** 82.87 **2016 NF PE RVU:** 47.27  
**2007 Fac PE RVU:** 4.46 **2016 Fac PE RVU:** 6.20  
**Result:** Maintain

**RUC Recommendation:** 10.08

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

# Status Report: CMS Requests and Relativity Assessment Issues

**54405** Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 45 **Specialty Developing** AUA  
**RUC Meeting:** April 2008 **Recommendation:**

**First** **2015e**  
**Identified:** September 2007 **Medicare**  
**Utilization:** 4,896

**2007 Work RVU:** 14.39 **2016 Work RVU:** 14.52  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.51 **2016 Fac PE RVU:** 7.08  
**Result:** Maintain

**RUC Recommendation:** 14.39

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

**54410** Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 31 **Specialty Developing** AUA  
**RUC Meeting:** February 2011 **Recommendation:**

**First** **2015e**  
**Identified:** September 2007 **Medicare**  
**Utilization:** 1,301

**2007 Work RVU:** 16.48 **2016 Work RVU:** 15.18  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.35 **2016 Fac PE RVU:** 7.79  
**Result:** Decrease

**RUC Recommendation:** 15.18

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

**54520** Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach **Global:** 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

**First** **2015e**  
**Identified:** September 2007 **Medicare**  
**Utilization:** 2,800

**2007 Work RVU:** 5.25 **2016 Work RVU:** 5.30  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 3.03 **2016 Fac PE RVU:** 3.38  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**54530** Orchiectomy, radical, for tumor; inguinal approach **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First** **2015e**  
**Identified:** September 2007 **Medicare**  
**Utilization:** 1,212

**2007 Work RVU:** 9.31 **2016 Work RVU:** 8.46  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.72 **2016 Fac PE RVU:** 5.06  
**Result:** Decrease

**RUC Recommendation:** 8.46

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>55700</b>	<b>Biopsy, prostate; needle or punch, single or multiple, any approach</b>	<b>Global:</b> 000	<b>Issue:</b> Biopsy of Prostate	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 139,026	<b>2007 Work RVU:</b> 2.58 <b>2007 NF PE RVU:</b> 4.08 <b>2007 Fac PE RVU:</b> 0.82 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.58 <b>2016 NF PE RVU:</b> 3.31 <b>2016 Fac PE RVU:</b> 1.14
<b>55706</b>	<b>Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance</b>	<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 1,228	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 6.28 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.72
<b>55840</b>	<b>Prostatectomy, retropubic radical, with or without nerve sparing;</b>	<b>Global:</b> 090	<b>Issue:</b>	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2013	<b>2015e Medicare Utilization:</b> 1,718	<b>2007 Work RVU:</b> 24.45 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.19 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 21.36			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 21.36 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 9.91
<b>55842</b>	<b>Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)</b>	<b>Global:</b> 090	<b>Issue:</b>	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2013	<b>2015e Medicare Utilization:</b> 238	<b>2007 Work RVU:</b> 26.31 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.83 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 24.16			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 21.36 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 9.91

## Status Report: CMS Requests and Relativity Assessment Issues

<b>55845</b>	<b>Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> July 2013	<b>2015e Medicare Utilization:</b> 1,708	<b>2007 Work RVU:</b> 30.52 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.01 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 25.18 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 11.21
<b>RUC Recommendation:</b> 29.07		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>55866</b>	<b>Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed</b>	<b>Global:</b> 090	<b>Issue:</b> Laparoscopic Radical Prostatectomy	<b>Screen:</b> New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 27 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 14,999	<b>2007 Work RVU:</b> 32.25 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.87 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 21.36 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 16.54
<b>RUC Recommendation:</b> 26.80		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>55873</b>	<b>Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)</b>	<b>Global:</b> 090	<b>Issue:</b> Cryoablation of Prostate	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,650	<b>2007 Work RVU:</b> 20.25 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.59 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 13.60 <b>2016 NF PE RVU:</b> 185.09 <b>2016 Fac PE RVU:</b> 6.86
<b>RUC Recommendation:</b> 13.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>55875</b>	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> RUC request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2015	<b>2015e Medicare Utilization:</b> 5,552	<b>2007 Work RVU:</b> 13.31 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.38 <b>Result:</b> Not Part of RAW	<b>2016 Work RVU:</b> 13.46 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 7.01
<b>RUC Recommendation:</b> Review data at RAW		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>56515</b>	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	<b>Global:</b> 010	<b>Issue:</b> Destruction of Lesions	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,670	<b>2007 Work RVU:</b> 3.03 <b>2007 NF PE RVU:</b> 2.5 <b>2007 Fac PE RVU:</b> 1.79 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 3.08 <b>2016 NF PE RVU:</b> 2.91 <b>2016 Fac PE RVU:</b> 2.23
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>56620</b>	Vulvectomy simple; partial	<b>Global:</b> 090	<b>Issue:</b> Partial Removal of Vulva	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> D <b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,869	<b>2007 Work RVU:</b> 8.44 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.7 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 7.53 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 5.98
<b>RUC Recommendation:</b> 7.35		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>57155</b>	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> Site of Service Anomaly / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> ACOG, ASTRO	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 3,193	<b>2007 Work RVU:</b> 6.79 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.3 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 5.40 <b>2016 NF PE RVU:</b> 6.36 <b>2016 Fac PE RVU:</b> 2.43
<b>RUC Recommendation:</b> Review action plan (CPT 2011 Utilization Review). 5.40		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# 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** **Tab** 37 **Specialty Developing** ACOG, **First** **2015e**  
**RUC Meeting:** January 2014 **Recommendation:** ASTRO **Identified:** September 2007 **Medicare**  
**Utilization:** 11,691

**2007 Work RVU:** **2016 Work RVU:** 2.69  
**2007 NF PE RVU:** **2016 NF PE RVU:** 2.72  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** 1.29  
**Result:** Decrease

**RUC Recommendation:** Review action plan (CPT 2011 Utilization Review). 2.69 **Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57240** Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele **Global:** 090 **Issue:** Colporrhaphy

**Screen:** Site of Service Anomaly - 2015 **Complete?** No

**Most Recent** **Tab** 27 **Specialty Developing** ACOG **First** **2015e**  
**RUC Meeting:** April 2016 **Recommendation:** **Identified:** October 2015 **Medicare**  
**Utilization:** 10,310

**2007 Work RVU:** 11.42 **2016 Work RVU:** 11.50  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.22 **2016 Fac PE RVU:** 6.21  
**Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57250** Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy **Global:** 090 **Issue:** Colporrhaphy

**Screen:** Site of Service Anomaly - 2015 **Complete?** No

**Most Recent** **Tab** 27 **Specialty Developing** ACOG **First** **2015e**  
**RUC Meeting:** April 2016 **Recommendation:** **Identified:** April 2016 **Medicare**  
**Utilization:** 7,786

**2007 Work RVU:** 11.42 **2016 Work RVU:** 11.50  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 3.93 **2016 Fac PE RVU:** 6.31  
**Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57260** Combined anteroposterior colporrhaphy; **Global:** 090 **Issue:** Colporrhaphy

**Screen:** Site of Service Anomaly - 2015 **Complete?** No

**Most Recent** **Tab** 27 **Specialty Developing** ACOG **First** **2015e**  
**RUC Meeting:** April 2016 **Recommendation:** **Identified:** April 2016 **Medicare**  
**Utilization:** 7,686

**2007 Work RVU:** 14.36 **2016 Work RVU:** 14.44  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.08 **2016 Fac PE RVU:** 7.46  
**Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**57265** Combined anteroposterior colporrhaphy; with enterocele repair

**Global:** 090

**Issue:** Colporrhaphy

**Screen:** Site of Service Anomaly - 2015

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 27

**Specialty Developing Recommendation:** ACOG

**First Identified:** April 2016

**2015e Medicare Utilization:** 4,507

**2007 Work RVU:** 15.86

**2016 Work RVU:** 15.94

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 6.1

**2016 Fac PE RVU:** 8.04

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

**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

**2015e Medicare Utilization:** 2,741

**2007 Work RVU:** 11.49

**2016 Work RVU:** 11.15

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 5.73

**2016 Fac PE RVU:** 6.91

**Result:** Decrease

**RUC Recommendation:** 10.97

**Referred to CPT**

**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

**2015e Medicare Utilization:** 24,223

**2007 Work RVU:** 14.01

**2016 Work RVU:** 12.13

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 6.21

**2016 Fac PE RVU:** 6.79

**Result:** Decrease

**RUC Recommendation:** 12.00

**Referred to CPT**

**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:** January 2016

**Tab** 37

**Specialty Developing Recommendation:** ACOG

**First Identified:** NA

**2015e Medicare Utilization:** 1,617

**2007 Work RVU:** 3.33

**2016 Work RVU:** 3.33

**2007 NF PE RVU:** 2.32

**2016 NF PE RVU:** 5.08

**2007 Fac PE RVU:** 1.47

**2016 Fac PE RVU:** 1.65

**Result:** Decrease

**RUC Recommendation:** 3.07

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>58558</b>	<b>Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D &amp; C</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 41,074	<b>2007 Work RVU:</b> 4.74 <b>2007 NF PE RVU:</b> 2.52 <b>2007 Fac PE RVU:</b> 2.05 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 4.74 <b>2016 NF PE RVU:</b> 6.13 <b>2016 Fac PE RVU:</b> 2.25
<b>RUC Recommendation:</b> 4.37		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>58559</b>	<b>Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 163	<b>2007 Work RVU:</b> 6.16 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.56 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 6.16 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.78
<b>RUC Recommendation:</b> 5.54		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>58560</b>	<b>Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 52	<b>2007 Work RVU:</b> 6.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.88 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 6.99 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.11
<b>RUC Recommendation:</b> 6.15		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>58561</b>	<b>Hysteroscopy, surgical; with removal of leiomyomata</b>			<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b>	ACOG	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 2,254	<b>2007 Work RVU:</b> 9.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 9.99 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.31
<b>RUC Recommendation:</b> 7.00				<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>58562</b>	<b>Hysteroscopy, surgical; with removal of impacted foreign body</b>			<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b>	ACOG	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 235	<b>2007 Work RVU:</b> 5.20 <b>2007 NF PE RVU:</b> 2.63 <b>2007 Fac PE RVU:</b> 2.21 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 5.20 <b>2016 NF PE RVU:</b> 6.02 <b>2016 Fac PE RVU:</b> 2.38
<b>RUC Recommendation:</b> 4.17				<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>58563</b>	<b>Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)</b>			<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b>	ACOG	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 4,006	<b>2007 Work RVU:</b> 6.16 <b>2007 NF PE RVU:</b> 51.38 <b>2007 Fac PE RVU:</b> 2.58 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 6.16 <b>2016 NF PE RVU:</b> 40.21 <b>2016 Fac PE RVU:</b> 2.79
<b>RUC Recommendation:</b> 4.62				<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>58660</b>	<b>Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> Laproscopic Procedures	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AUA, ACOG	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,253	<b>2007 Work RVU:</b> 11.54 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.07 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 11.59 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 5.97
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

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<b>58661</b>	<b>Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)</b>	<b>Global:</b> 010	<b>Issue:</b> Laproscopic Procedures	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 11,196	<b>2007 Work RVU:</b> 11.30 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.84 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 11.35 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 5.51
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

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<b>58823</b>	<b>Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)</b>	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.37 <b>2007 NF PE RVU:</b> 20.75 <b>2007 Fac PE RVU:</b> 1.08 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

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# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2015e Medicare Utilization:** 3,803

**RUC Recommendation:** 32.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 26.80 **2016 Work RVU:** 32.16  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 15.06 **2016 Fac PE RVU:** 20.27  
**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 **2015e Medicare Utilization:** 1,888

**RUC Recommendation:** 14.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 13.48 **2016 Work RVU:** 14.37  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.91 **2016 Fac PE RVU:** 5.76  
**Result:** Increase

**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 **2015e Medicare Utilization:** 1,239

**RUC Recommendation:** 18.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 15.29 **2016 Work RVU:** 18.01  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.96 **2016 Fac PE RVU:** 7.69  
**Result:** Increase

**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 **2015e Medicare Utilization:** 34

**RUC Recommendation:** 1.71 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 1.71 **2016 Work RVU:** 1.71  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 0.77 **2016 Fac PE RVU:** 0.85  
**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

### 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

2015e  
Medicare  
Utilization: 54

2007 Work RVU: 1.61

2016 Work RVU: 1.61

2007 NF PE RVU: NA

2016 NF PE RVU: NA

2007 Fac PE RVU: 0.59

2016 Fac PE RVU: 0.64

Result: Maintain

RUC Recommendation: 1.61

Referred to CPT

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

2015e  
Medicare  
Utilization: 867

2007 Work RVU: 6.22

2016 Work RVU: 6.31

2007 NF PE RVU: 4.21

2016 NF PE RVU: 5.27

2007 Fac PE RVU: 1.81

2016 Fac PE RVU: 2.50

Result: Decrease

RUC Recommendation: 6.31

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

### 59426 Antepartum care only; 7 or more visits

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2015e  
Medicare  
Utilization: 747

2007 Work RVU: 11.04

2016 Work RVU: 11.16

2007 NF PE RVU: 7.6

2016 NF PE RVU: 9.65

2007 Fac PE RVU: 3.17

2016 Fac PE RVU: 4.42

Result: Decrease

RUC Recommendation: 11.16

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

### 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

2015e  
Medicare  
Utilization: 1,369

2007 Work RVU: 2.13

2016 Work RVU: 2.47

2007 NF PE RVU: 1.19

2016 NF PE RVU: 2.26

2007 Fac PE RVU: 0.88

2016 Fac PE RVU: 0.98

Result: Increase

RUC Recommendation: 2.47

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**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 **2015e Medicare Utilization:** 3,085

**RUC Recommendation:** 36.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 30.34 **2016 Work RVU:** 35.64  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 16.92 **2016 Fac PE RVU:** 22.09  
**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:** **2015e Medicare Utilization:** 1,411

**RUC Recommendation:** 16.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 15.95 **2016 Work RVU:** 16.13  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.78 **2016 Fac PE RVU:** 6.43  
**Result:** Increase

**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 **2015e Medicare Utilization:** 1,128

**RUC Recommendation:** 22.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 18.26 **2016 Work RVU:** 21.47  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.43 **2016 Fac PE RVU:** 9.62  
**Result:** Increase

**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 **2015e Medicare Utilization:** 118

**RUC Recommendation:** 34.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 28.21 **2016 Work RVU:** 33.87  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 15.52 **2016 Fac PE RVU:** 20.78  
**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2015e Medicare Utilization:** 45

**RUC Recommendation:** 16.09 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 15.04 **2016 Work RVU:** 16.09  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.6 **2016 Fac PE RVU:** 6.34  
**Result:** Increase

**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 **2015e Medicare Utilization:** 36

**RUC Recommendation:** 20.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 16.59 **2016 Work RVU:** 19.73  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.49 **2016 Fac PE RVU:** 8.23  
**Result:** Increase

**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 **2015e Medicare Utilization:** 16

**RUC Recommendation:** 36.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 31.78 **2016 Work RVU:** 36.16  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 17.74 **2016 Fac PE RVU:** 22.24  
**Result:** Increase

**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 **2015e Medicare Utilization:** 7

**RUC Recommendation:** 16.66 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 17.50 **2016 Work RVU:** 16.66  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.27 **2016 Fac PE RVU:** 6.56  
**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>59622</b>	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	<b>Global:</b> MMM	<b>Issue:</b> Obstetrical Care	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACOG, AAFP	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b> 13	<b>2007 Work RVU:</b> 19.70 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.14 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 22.53			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 22.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 9.86

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<b>60220</b>	Total thyroid lobectomy, unilateral; with or without isthmusectomy	<b>Global:</b> 090	<b>Issue:</b> Total Thyroid Lobectomy	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> ACS, AAO-HNS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 7,861	<b>2007 Work RVU:</b> 12.29 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.96 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 12.29			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 11.19 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 7.18

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<b>60225</b>	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	<b>Global:</b> 090	<b>Issue:</b> Total Thyroid Lobectomy	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> ACS, AAO-HNS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 500	<b>2007 Work RVU:</b> 14.67 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.22 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 14.67			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 14.79 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 9.28

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>60520</b> Thymectomy, partial or total; transcervical approach (separate procedure)		<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2011	<b>2015e Medicare Utilization:</b> 361	<b>2007 Work RVU:</b> 17.07 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.95 <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.			<b>Referred to CPT</b>		<b>2016 Work RVU:</b> 17.16 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 9.16
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>60521</b> Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)		<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2011	<b>2015e Medicare Utilization:</b> 327	<b>2007 Work RVU:</b> 19.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.22 <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.			<b>Referred to CPT</b>		<b>2016 Work RVU:</b> 19.18 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 9.14
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>60522</b> Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)		<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2011	<b>2015e Medicare Utilization:</b> 124	<b>2007 Work RVU:</b> 23.37 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.89 <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.			<b>Referred to CPT</b>		<b>2016 Work RVU:</b> 23.48 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 10.74
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	



# Status Report: CMS Requests and Relativity Assessment Issues

<b>61055</b>	<b>Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment</b>	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 439	<b>2007 Work RVU:</b> 2.10 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.37 <b>Result:</b> Remove from screen
<b>RUC Recommendation:</b> Editorial change			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 2.10 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.04
<b>61781</b>	<b>Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Stereotactic Computer-Assisted Volumetric Navigational Procedures	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> NASS, AANS/CNS	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 11,900	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.75			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 3.75 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.76
<b>61782</b>	<b>Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Stereotactic Computer-Assisted Volumetric Navigational Procedures	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> NASS, AANS/CNS, AAO-HNS	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 10,295	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.18			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 3.18 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.44

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>61783</b>	<b>Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Stereotactic Computer-Assisted Volumetric Navigational Procedures	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** February 2010

**Tab** 13

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

**First Identified:**

**2015e Medicare Utilization:** 6,679

**2007 Work RVU:**

**2016 Work RVU:** 3.75

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.79

**RUC Recommendation:** 3.75

**Referred to CPT** October 2009

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

**Result:** Decrease

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**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 17.75

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 10.08

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

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

**Result:** Deleted from CPT

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**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 4.03

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 1.87

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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**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

**2015e Medicare Utilization:** 5,846

**2007 Work RVU:**

**2016 Work RVU:** 13.93

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 10.33

**RUC Recommendation:** 15.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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**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

**2015e Medicare Utilization:** 5,891

**2007 Work RVU:**

**2016 Work RVU:** 3.48

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.64

**RUC Recommendation:** 3.48

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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**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

**2015e Medicare Utilization:** 3,720

**2007 Work RVU:**

**2016 Work RVU:** 19.85

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 13.01

**RUC Recommendation:** 19.75

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

## 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

**2015e Medicare Utilization:** 883

**2007 Work RVU:**

**2016 Work RVU:** 4.81

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 2.26

**Result:** Decrease

**RUC Recommendation:** 4.81

**Referred to CPT**

**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:**

**2015e Medicare Utilization:** 5,973

**2007 Work RVU:**

**2016 Work RVU:** 2.25

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.40

**Result:** Decrease

**RUC Recommendation:** 2.25

**Referred to CPT**

**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

**2015e Medicare Utilization:** 5,773

**2007 Work RVU:** 7.37

**2016 Work RVU:** 6.05

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 5.85

**2016 Fac PE RVU:** 6.78

**Result:** Decrease

**RUC Recommendation:** 6.44

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>62263</b>	<b>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</b>	<b>Global:</b> 010	<b>Issue:</b> Epidural Lysis	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 66	<b>Specialty Developing Recommendation:</b> AAPM, AANS/CNS, ASA, NASS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 355	<b>2007 Work RVU:</b> 6.41 <b>2007 NF PE RVU:</b> 11.78 <b>2007 Fac PE RVU:</b> 3.11 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 5.00 <b>2016 NF PE RVU:</b> 13.30 <b>2016 Fac PE RVU:</b> 4.41
<b>RUC Recommendation:</b> 6.54			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>62281</b>	<b>Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic</b>	<b>Global:</b> 010	<b>Issue:</b> Injection of Neurolytic Agent	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 558	<b>2007 Work RVU:</b> 2.66 <b>2007 NF PE RVU:</b> 5.16 <b>2007 Fac PE RVU:</b> 0.89 <b>Result:</b> PE Only <b>2016 Work RVU:</b> 2.66 <b>2016 NF PE RVU:</b> 3.94 <b>2016 Fac PE RVU:</b> 1.56
<b>RUC Recommendation:</b> Remove 99238			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Q&A May 2010
<hr/>					
<b>62284</b>	<b>Injection procedure for myelography and/or computed tomography, lumbar</b>	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 13,561	<b>2007 Work RVU:</b> 1.54 <b>2007 NF PE RVU:</b> 4.62 <b>2007 Fac PE RVU:</b> 0.67 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 1.54 <b>2016 NF PE RVU:</b> 3.49 <b>2016 Fac PE RVU:</b> 0.78
<b>RUC Recommendation:</b> 1.54			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>62287</b>	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	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Discectomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 194	<b>2007 Work RVU:</b> 8.88 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.18 <b>Result:</b> PE Only <b>2016 Work RVU:</b> 9.03 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 6.40
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>62290</b>	Injection procedure for discography, each level; lumbar	<b>Global:</b> 000	<b>Issue:</b> Injection for discography	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 11,128	<b>2007 Work RVU:</b> 3.00 <b>2007 NF PE RVU:</b> 6.43 <b>2007 Fac PE RVU:</b> 1.31 <b>2016 Work RVU:</b> 3.00 <b>2016 NF PE RVU:</b> 6.29 <b>2016 Fac PE RVU:</b> 1.71
<b>RUC Recommendation:</b> 3.00, CPT Assistant article published.			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2011
<hr/>					
<b>62302</b>	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 5,691	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease <b>2016 Work RVU:</b> 2.29 <b>2016 NF PE RVU:</b> 4.37 <b>2016 Fac PE RVU:</b> 1.04
<b>RUC Recommendation:</b> 2.29			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# 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	2015e Medicare Utilization: 446	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 2.29 2016 NF PE RVU: 4.64 2016 Fac PE RVU: 1.09
RUC Recommendation: 2.29				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 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	2015e Medicare Utilization: 24,388	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 2.25 2016 NF PE RVU: 4.34 2016 Fac PE RVU: 1.03
RUC Recommendation: 2.25				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 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	2015e Medicare Utilization: 7,406	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 2.35 2016 NF PE RVU: 4.84 2016 Fac PE RVU: 1.08
RUC Recommendation: 2.35				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>62310</b>	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	<b>Global:</b> 000	<b>Issue:</b> Epidural Injections	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 214,634	<b>2007 Work RVU:</b> 1.91 <b>2007 NF PE RVU:</b> 4.35 <b>2007 Fac PE RVU:</b> 0.63 <b>2016 Work RVU:</b> 1.91 <b>2016 NF PE RVU:</b> 4.85 <b>2016 Fac PE RVU:</b> 1.09
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<b>62311</b>	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)	<b>Global:</b> 000	<b>Issue:</b> Epidural Injections	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 814,064	<b>2007 Work RVU:</b> 1.54 <b>2007 NF PE RVU:</b> 4.35 <b>2007 Fac PE RVU:</b> 0.58 <b>2016 Work RVU:</b> 1.54 <b>2016 NF PE RVU:</b> 4.71 <b>2016 Fac PE RVU:</b> 0.92
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<b>62318</b>	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	<b>Global:</b> 000	<b>Issue:</b> Epidural Injections	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 31,539	<b>2007 Work RVU:</b> 2.04 <b>2007 NF PE RVU:</b> 5.09 <b>2007 Fac PE RVU:</b> 0.61 <b>2016 Work RVU:</b> 2.04 <b>2016 NF PE RVU:</b> 4.61 <b>2016 Fac PE RVU:</b> 0.72
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

**62319** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) **Global:** 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AAPM,  
AAPMR,  
ASA, ISIS,  
NASS,  
ASNR, ASIPP

**First Identified:** January 2012

**2015e Medicare Utilization:** 15,004

**2007 Work RVU:** 1.87

**2016 Work RVU:** 1.87

**2007 NF PE RVU:** 4.45

**2016 NF PE RVU:** 2.88

**2007 Fac PE RVU:** 0.58

**2016 Fac PE RVU:** 0.78

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

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

**Result:** Deleted from CPT

**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

**2015e Medicare Utilization:** 5,562

**2007 Work RVU:** 8.04

**2016 Work RVU:** 6.05

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 4

**2016 Fac PE RVU:** 4.49

**RUC Recommendation:** 6.05

**Referred to CPT**

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 1,188

**2007 Work RVU:** 6.60

**2016 Work RVU:** 3.55

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.27

**2016 Fac PE RVU:** 3.45

**RUC Recommendation:** 4.35

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>62360</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	<b>Global:</b> 010	<b>Issue:</b> Intrathecal Epidural Catheters & Pumps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 67	<b>Specialty Developing Recommendation:</b> AAPMR, ASA, NASS, AAPM, AANS/CNS	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b> 391	<b>2007 Work RVU:</b> 3.68 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.87 <b>2016 Work RVU:</b> 4.33 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.82
<b>RUC Recommendation:</b> 4.33			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>62361</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	<b>Global:</b> 010	<b>Issue:</b> Intrathecal Epidural Catheters & Pumps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 67	<b>Specialty Developing Recommendation:</b> AAPM, AANS/CNS, ASA, ISIS, NASS	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b> 48	<b>2007 Work RVU:</b> 6.59 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.94 <b>2016 Work RVU:</b> 5.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.38
<b>RUC Recommendation:</b> 5.65			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>62362</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	<b>Global:</b> 010	<b>Issue:</b> Intrathecal Epidural Catheters & Pumps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 67	<b>Specialty Developing Recommendation:</b> AAPM, AANS/CNS, ASA, ISIS, NASS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 7,419	<b>2007 Work RVU:</b> 8.58 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.46 <b>2016 Work RVU:</b> 5.60 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.45
<b>RUC Recommendation:</b> 6.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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## Status Report: CMS Requests and Relativity Assessment Issues

**62365** Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 67

**Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS

**First Identified:** September 2007

**2015e Medicare Utilization:** 1,159

**2007 Work RVU:** 6.57

**2016 Work RVU:** 3.93

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.65

**2016 Fac PE RVU:** 3.78

**RUC Recommendation:** 4.65

**Referred to CPT**

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 8,073

**2007 Work RVU:** 0.48

**2016 Work RVU:** 0.48

**2007 NF PE RVU:** 0.56

**2016 NF PE RVU:** 0.66

**2007 Fac PE RVU:** 0.1

**2016 Fac PE RVU:** 0.21

**RUC Recommendation:** 0.48

**Referred to CPT** October 2010

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

**Result:** Maintain

**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

**2015e Medicare Utilization:** 46,356

**2007 Work RVU:** 0.75

**2016 Work RVU:** 0.67

**2007 NF PE RVU:** 0.67

**2016 NF PE RVU:** 0.89

**2007 Fac PE RVU:** 0.17

**2016 Fac PE RVU:** 0.28

**RUC Recommendation:** 0.67

**Referred to CPT** October 2010

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**62369** Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill **Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 07

**Specialty Developing Recommendation:**

ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS

**First Identified:**

**2015e Medicare Utilization:** 38,808

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

**2016 Work RVU:** 0.67  
**2016 NF PE RVU:** 2.71  
**2016 Fac PE RVU:** 0.30

**RUC Recommendation:** 0.67

**Referred to CPT** October 2010

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

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 90,655

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

**2016 Work RVU:** 0.90  
**2016 NF PE RVU:** 2.65  
**2016 Fac PE RVU:** 0.37

**RUC Recommendation:** 1.10

**Referred to CPT** October 2010

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

**Result:** Decrease

**623X5** **Global:** **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

**First Identified:** May 2015

**2015e Medicare Utilization:**

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

**2016 Work RVU:**  
**2016 NF PE RVU:**  
**2016 Fac PE RVU:**

**RUC Recommendation:** 1.80

**Referred to CPT** May 2015

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

623X6

Global:

Issue: Epidural Injections

Screen: Final Rule for 2015

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 10

Specialty Developing  
Recommendation:

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

First  
Identified: May 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 1.95

Referred to CPT May 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

623X7

Global:

Issue: Epidural Injections

Screen: Final Rule for 2015

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 10

Specialty Developing  
Recommendation:

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

First  
Identified: May 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 1.55

Referred to CPT May 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

623X8

Global:

Issue: Epidural Injections

Screen: Final Rule for 2015

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 10

Specialty Developing  
Recommendation:

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

First  
Identified: May 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 1.80

Referred to CPT May 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**623X9**

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** May 2015

**Global:**

**Issue:** Epidural Injections

**2015e Medicare Utilization:**

**Screen:** Final Rule for 2015

**Complete?** Yes

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** 1.89

**Referred to CPT** May 2015

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

**Result:** Decrease

**62X10**

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** May 2015

**Global:**

**Issue:** Epidural Injections

**2015e Medicare Utilization:**

**Screen:** Final Rule for 2015

**Complete?** Yes

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** 2.20

**Referred to CPT** May 2015

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

**Result:** Decrease

**62X11**

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** May 2015

**Global:**

**Issue:** Epidural Injections

**2015e Medicare Utilization:**

**Screen:** Final Rule for 2015

**Complete?** Yes

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** 1.78

**Referred to CPT** May 2015

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

62X12

Global:

Issue: Epidural Injections

Screen: Final Rule for 2015

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 10

Specialty Developing  
Recommendation:

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

First  
Identified: May 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 1.90

Referred to CPT May 2015

Result: Decrease

Referred to CPT Asst ☐ Published in CPT Asst:

63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar

Global: 090

Issue: RAW

Screen: Pre-Time Analysis

Complete? Yes

Most Recent  
RUC Meeting: September 2014

Tab 21

Specialty Developing  
Recommendation:

AANS,  
AAOS, NASS

First  
Identified: January 2014

2015e  
Medicare  
Utilization: 35,864

2007 Work RVU: 13.03

2016 Work RVU: 13.18

2007 NF PE RVU: NA

2016 NF PE RVU: NA

2007 Fac PE RVU: 8.5

2016 Fac PE RVU: 11.03

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

Referred to CPT

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

2015e  
Medicare  
Utilization: 15,573

2007 Work RVU: 18.61

2016 Work RVU: 18.76

2007 NF PE RVU: NA

2016 NF PE RVU: NA

2007 Fac PE RVU: 11.2

2016 Fac PE RVU: 13.66

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

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

<b>63045</b>	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	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 16</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2013	<b>2015e Medicare Utilization:</b> 8,974	<b>2007 Work RVU:</b> 17.82 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.4 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 17.95			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 17.95 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 13.54

<b>63046</b>	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	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 16</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2013	<b>2015e Medicare Utilization:</b> 3,135	<b>2007 Work RVU:</b> 17.12 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.13 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 17.25			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 17.25 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 13.03

<b>63047</b>	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	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 24</b>	<b>Specialty Developing Recommendation:</b> NASS, AANS	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 101,464	<b>2007 Work RVU:</b> 15.22 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.79 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 15.37			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 15.37 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 12.10



# Status Report: CMS Requests and Relativity Assessment Issues

<b>63048</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> NASS, AANS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 132,866	<b>2007 Work RVU:</b> 3.47 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.58 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 3.47			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 3.47 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 1.69
<b>63056</b>	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)	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> NASS, AANS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 7,769	<b>2007 Work RVU:</b> 21.73 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.31 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Review action plan at RAW Oct 2015. Maintain			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Oct 2009	<b>2016 Work RVU:</b> 21.86 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 14.75
<b>63075</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace	<b>Global:</b> 090	<b>Issue:</b> Arthrodesis Including Discectomy	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 5	<b>Specialty Developing Recommendation:</b> NASS, AANS/CNS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 807	<b>2007 Work RVU:</b> 19.47 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.87 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 19.60			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 19.60 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 13.80

## Status Report: CMS Requests and Relativity Assessment Issues

<b>63076</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Arthrodesis Including Discectomy	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2010	<b>Tab</b> 5	<b>Specialty Developing Recommendation:</b> NASS, AANS/CNS	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 521
<b>RUC Recommendation:</b>	4.04			<b>Referred to CPT</b> October 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
				<b>2007 Work RVU:</b> 4.04	<b>2016 Work RVU:</b> 4.04
				<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
				<b>2007 Fac PE RVU:</b> 1.93	<b>2016 Fac PE RVU:</b> 1.93
				<b>Result:</b> Maintain	
<hr/>					
<b>63090</b>	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	<b>Global:</b> 090	<b>Issue:</b> Vertebral Corpectomy with Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>		<b>Tab</b>	<b>Specialty Developing Recommendation:</b> AAOS, AANS	<b>First Identified:</b> January 2015	<b>2015e Medicare Utilization:</b> 997
<b>RUC Recommendation:</b>	Refer to CPT for bundling			<b>Referred to CPT</b> September 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
				<b>2007 Work RVU:</b> 30.78	<b>2016 Work RVU:</b> 30.93
				<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
				<b>2007 Fac PE RVU:</b> 15.58	<b>2016 Fac PE RVU:</b> 18.65
				<b>Result:</b>	
<hr/>					
<b>63620</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	<b>Global:</b> 090	<b>Issue:</b> Stereotactic Radiosurgery	<b>Screen:</b> CMS Request - 2009 Final Rule	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2009	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 418
<b>RUC Recommendation:</b>	15.50			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
				<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 15.60
				<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> NA
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 11.06
				<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Stereotactic Radiosurgery	Screen: CMS Request - 2009 Final Rule	Complete? Yes
Most Recent RUC Meeting:	February 2009	Tab 38	Specialty Developing Recommendation:	First Identified: NA	2015e Medicare Utilization: 75	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 4.00 2016 NF PE RVU: NA 2016 Fac PE RVU: 1.89
RUC Recommendation: 4.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
63650	Percutaneous implantation of neurostimulator electrode array, epidural			Global: 010	Issue: Percutaneous implantation of neurostimulator	Screen: Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting:	April 2013	Tab 22	Specialty Developing Recommendation: AAPM, AANS/CNS, ASA, ISIS, NASS	First Identified: September 2007	2015e Medicare Utilization: 47,387	2007 Work RVU: 7.57 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.11 Result: Decrease	2016 Work RVU: 7.15 2016 NF PE RVU: 30.43 2016 Fac PE RVU: 4.18
RUC Recommendation: 7.20. New PE Inputs				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 5,630	2007 Work RVU: 11.43 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.15 Result: Maintain	2016 Work RVU: 10.92 2016 NF PE RVU: NA 2016 Fac PE RVU: 9.59
RUC Recommendation: 11.43				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

**63660** Deleted from CPT

**Global:** 090

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly /  
CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab** 17

**Specialty Developing  
Recommendation:**

AAPM,  
AANS/CNS,  
ASA, ISIS,  
NASS

**First  
Identified:** September 2007

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 6.87

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 3.54

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**Result:** Deleted from CPT

**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:**

**2015e  
Medicare  
Utilization:** 2,930

**2007 Work RVU:**

**2016 Work RVU:** 5.08

**2007 NF PE RVU:**

**2016 NF PE RVU:** 10.85

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 3.51

**RUC Recommendation:** 5.03

**Referred to CPT**

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

**Result:** Decrease

**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:**

**2015e  
Medicare  
Utilization:** 1,825

**2007 Work RVU:**

**2016 Work RVU:** 11.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 9.71

**RUC Recommendation:** 10.87

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**63663** Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed **Global:** 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2015e Medicare Utilization:** 923 **2007 Work RVU:** **2016 Work RVU:** 7.75 **2007 NF PE RVU:** **2016 NF PE RVU:** 14.12 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 4.45 **Result:** Decrease

**RUC Recommendation:** 70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**63664** Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2015e Medicare Utilization:** 568 **2007 Work RVU:** **2016 Work RVU:** 11.52 **2007 NF PE RVU:** **2016 NF PE RVU:** NA **2007 Fac PE RVU:** **2016 Fac PE RVU:** 9.82 **Result:** Decrease

**RUC Recommendation:** 11.39 **Referred to CPT** **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 **2015e Medicare Utilization:** 15,131 **2007 Work RVU:** 7.87 **2016 Work RVU:** 5.19 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 4.03 **2016 Fac PE RVU:** 4.34 **Result:** Decrease

**RUC Recommendation:** 6.05 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**63688** Revision or removal of implanted spinal neurostimulator pulse generator or receiver **Global:** 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2015e Medicare Utilization:** 6,369 **2007 Work RVU:** 6.10 **2016 Work RVU:** 5.30 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 3.56 **2016 Fac PE RVU:** 4.29 **RUC Recommendation:** 5.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**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 **2015e Medicare Utilization:** 4,379 **2007 Work RVU:** 1.18 **2016 Work RVU:** **2007 NF PE RVU:** 2.5 **2016 NF PE RVU:** **2007 Fac PE RVU:** 0.46 **2016 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☒ **Published in CPT Asst:** FAQ Sept 2015 **Result:** Deleted from CPT

**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 **2015e Medicare Utilization:** 151,343 **2007 Work RVU:** 1.48 **2016 Work RVU:** 1.48 **2007 NF PE RVU:** 2.47 **2016 NF PE RVU:** 1.88 **2007 Fac PE RVU:** 0.43 **2016 Fac PE RVU:** 0.30 **RUC Recommendation:** 1.48, Review in October 2017 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2011 & Apr 2012 **Result:**

**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 **2015e Medicare Utilization:** 18,408 **2007 Work RVU:** 3.85 **2016 Work RVU:** 1.81 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 0.74 **2016 Fac PE RVU:** 0.36 **RUC Recommendation:** Remove from screen. 1.81 **Referred to CPT** February 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>64418</b>	Injection, anesthetic agent; suprascapular nerve			<b>Global:</b> 000	<b>Issue:</b> Injection, Anesthetic Agent	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 31,111	<b>2007 Work RVU:</b> 1.32 <b>2007 NF PE RVU:</b> 2.43 <b>2007 Fac PE RVU:</b> 0.46 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.32 <b>2016 NF PE RVU:</b> 2.70 <b>2016 Fac PE RVU:</b> 0.75	
<b>RUC Recommendation:</b> 1.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>64445</b>	Injection, anesthetic agent; sciatic nerve, single			<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAPM, ASA	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 104,513	<b>2007 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 2.42 <b>2007 Fac PE RVU:</b> 0.51 <b>Result:</b>	<b>2016 Work RVU:</b> 1.48 <b>2016 NF PE RVU:</b> 2.29 <b>2016 Fac PE RVU:</b> 0.46	
<b>RUC Recommendation:</b> 1.48, Review in October 2017			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2011 & Apr 2012			
<b>64446</b>	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)			<b>Global:</b> 000	<b>Issue:</b> Anesthetic Agent Nerve Injection	<b>Screen:</b> Site of Service Anomaly / High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 5,857	<b>2007 Work RVU:</b> 3.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.9 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.81 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 0.36	
<b>RUC Recommendation:</b> 1.81			<b>Referred to CPT</b> February 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>64447</b>	Injection, anesthetic agent; femoral nerve, single			<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAPM, ASA	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 153,249	<b>2007 Work RVU:</b> 1.50 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b>	<b>2016 Work RVU:</b> 1.50 <b>2016 NF PE RVU:</b> 1.91 <b>2016 Fac PE RVU:</b> 0.31	
<b>RUC Recommendation:</b> 1.50, Review in October 2017			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2011 & Apr 2012			

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<b>64448</b>	<b>Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)</b>	<b>Global:</b> 000	<b>Issue:</b> Anesthetic Agent Nerve Injection	<b>Screen:</b> Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 38,735	<b>2007 Work RVU:</b> 3.36 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.73 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.63 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 0.32
<b>RUC Recommendation:</b> Remove from screen. 1.63		<b>Referred to CPT</b> February 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>64449</b>	<b>Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)</b>	<b>Global:</b> 000	<b>Issue:</b> Anesthetic Agent Nerve Injection	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 3,171	<b>2007 Work RVU:</b> 3.24 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.84 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.81 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 0.47
<b>RUC Recommendation:</b> 1.81		<b>Referred to CPT</b> February 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>64450</b>	<b>Injection, anesthetic agent; other peripheral nerve or branch</b>	<b>Global:</b> 000	<b>Issue:</b> Injection - Anesthetic Agent	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 24 <b>Specialty Developing Recommendation:</b> ASA, AAPM, APMA, ASIPP	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 521,508	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 1.25 <b>2007 Fac PE RVU:</b> 0.49 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.75 <b>2016 NF PE RVU:</b> 1.46 <b>2016 Fac PE RVU:</b> 0.50
<b>RUC Recommendation:</b> 0.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2013		



# Status Report: CMS Requests and Relativity Assessment Issues

**64461** Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed) **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2015e Medicare Utilization:** **2007 Work RVU:** **2016 Work RVU:** 1.75 **2007 NF PE RVU:** **2016 NF PE RVU:** 2.34 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.59 **RUC Recommendation:** CPT Assistant article published Jan 2016 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2016 **Result:** Not Part of RAW

**64462** Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s), (includes imaging guidance, when performed) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2015e Medicare Utilization:** **2007 Work RVU:** **2016 Work RVU:** 1.10 **2007 NF PE RVU:** **2016 NF PE RVU:** 1.20 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.37 **RUC Recommendation:** CPT Assistant article published Jan 2016 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2016 **Result:** Not Part of RAW

**64463** Paravertebral block (PVB) (paraspinous block), thoracic continuous infusion by catheter (includes imaging guidance, when performed) **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2015e Medicare Utilization:** **2007 Work RVU:** **2016 Work RVU:** 1.81 **2007 NF PE RVU:** **2016 NF PE RVU:** 2.74 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.50 **RUC Recommendation:** CPT Assistant article published Jan 2016 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2016 **Result:** Not Part of RAW

**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 **2015e Medicare Utilization:** **2007 Work RVU:** 1.85 **2016 Work RVU:** **2007 NF PE RVU:** 6.37 **2016 NF PE RVU:** **2007 Fac PE RVU:** 0.71 **2016 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**64472 Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57	<b>Specialty Developing Recommendation:</b>	ASA, NASS, AAPM	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.29	<b>2016 Work RVU:</b>
						<b>2007 NF PE RVU:</b> 2.05	<b>2016 NF PE RVU:</b>
						<b>2007 Fac PE RVU:</b> 0.34	<b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> February 2009		<b>Result:</b> Deleted from CPT	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

**64475 Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57	<b>Specialty Developing Recommendation:</b>	ASA, NASS, AAPM	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.41	<b>2016 Work RVU:</b>
						<b>2007 NF PE RVU:</b> 6.07	<b>2016 NF PE RVU:</b>
						<b>2007 Fac PE RVU:</b> 0.62	<b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> February 2009		<b>Result:</b> Deleted from CPT	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

**64476 Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57	<b>Specialty Developing Recommendation:</b>	ASA, NASS, AAPM	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.98	<b>2016 Work RVU:</b>
						<b>2007 NF PE RVU:</b> 1.86	<b>2016 NF PE RVU:</b>
						<b>2007 Fac PE RVU:</b> 0.24	<b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> February 2009		<b>Result:</b> Deleted from CPT	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

**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

<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b>	AAPM, ISIS, ASA, NASS, AAPMR	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 44,471	<b>2007 Work RVU:</b> 2.20	<b>2016 Work RVU:</b> 2.29
						<b>2007 NF PE RVU:</b> 6.55	<b>2016 NF PE RVU:</b> 4.27
						<b>2007 Fac PE RVU:</b> 0.87	<b>2016 Fac PE RVU:</b> 1.34
<b>RUC Recommendation:</b> 2.29				<b>Referred to CPT</b> June 2009		<b>Result:</b> Increase	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

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**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** **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2015e Medicare Utilization:** 23,897 **2007 Work RVU:** 1.54 **2016 Work RVU:** 1.20  
**RUC Meeting:** October 2009 **2007 NF PE RVU:** 2.5 **2016 NF PE RVU:** 1.93  
**2007 Fac PE RVU:** 0.45 **2016 Fac PE RVU:** 0.52  
**RUC Recommendation:** 1.20 **Referred to CPT** June 2009 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**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** **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2015e Medicare Utilization:** 992,084 **2007 Work RVU:** 1.90 **2016 Work RVU:** 1.90  
**RUC Meeting:** October 2009 **2007 NF PE RVU:** 6.86 **2016 NF PE RVU:** 4.23  
**2007 Fac PE RVU:** 0.81 **2016 Fac PE RVU:** 1.20  
**RUC Recommendation:** 1.90 **Referred to CPT** June 2009 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**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** **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2015e Medicare Utilization:** 464,367 **2007 Work RVU:** 1.33 **2016 Work RVU:** 1.00  
**RUC Meeting:** October 2009 **2007 NF PE RVU:** 2.86 **2016 NF PE RVU:** 1.44  
**2007 Fac PE RVU:** 0.36 **2016 Fac PE RVU:** 0.43  
**RUC Recommendation:** 1.00 **Referred to CPT** June 2009 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

**64490** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level **Global:** 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2015e Medicare Utilization:** 218,973 **2007 Work RVU:** **2016 Work RVU:** 1.82 **2007 NF PE RVU:** **2016 NF PE RVU:** 3.48 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 1.11

**RUC Recommendation:** 1.82

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

**Result:** Decrease

**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:** **2015e Medicare Utilization:** 193,826 **2007 Work RVU:** **2016 Work RVU:** 1.16 **2007 NF PE RVU:** **2016 NF PE RVU:** 1.43 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.49

**RUC Recommendation:** 1.16

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

**Result:** Decrease

**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:** **2015e Medicare Utilization:** 136,663 **2007 Work RVU:** **2016 Work RVU:** 1.16 **2007 NF PE RVU:** **2016 NF PE RVU:** 1.45 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.51

**RUC Recommendation:** 1.16

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Global: 000	Issue: Facet Joint Injections	Screen: High Volume Growth1	Complete? Yes	
Most Recent RUC Meeting: April 2009	Tab 18	Specialty Developing Recommendation: ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS	First Identified:	2015e Medicare Utilization: 772,491	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2016 Work RVU: 1.52 2016 NF PE RVU: 3.30 2016 Fac PE RVU: 0.99
RUC Recommendation: 1.52			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
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:	2015e Medicare Utilization: 689,176	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2016 Work RVU: 1.00 2016 NF PE RVU: 1.40 2016 Fac PE RVU: 0.42
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
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:	2015e Medicare Utilization: 430,188	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2016 Work RVU: 1.00 2016 NF PE RVU: 1.41 2016 Fac PE RVU: 0.44
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

## 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	2015e Medicare Utilization: 6,751	2007 Work RVU: 1.22 2007 NF PE RVU: 3.06 2007 Fac PE RVU: 0.49 Result: PE Only	2016 Work RVU: 1.22 2016 NF PE RVU: 2.35 2016 Fac PE RVU: 0.82
RUC Recommendation: New PE inputs				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		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	2015e Medicare Utilization: 19,228	2007 Work RVU: 1.35 2007 NF PE RVU: 4.5 2007 Fac PE RVU: 0.54 Result: PE Only	2016 Work RVU: 1.35 2016 NF PE RVU: 3.89 2016 Fac PE RVU: 0.88
RUC Recommendation: PE Review - no change				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve			Global: 010	Issue: Implantation of Neuroelectrodes	Screen: Final Rule for 2015	Complete? No
Most Recent RUC Meeting:	April 2015	Tab 28	Specialty Developing Recommendation: AANS/CNS, AAPMR, ASA, NASS	First Identified: July 2014	2015e Medicare Utilization: 250	2007 Work RVU: 2.33 2007 NF PE RVU: 2.75 2007 Fac PE RVU: 1.73 Result:	2016 Work RVU: 2.36 2016 NF PE RVU: 3.42 2016 Fac PE RVU: 1.94
RUC Recommendation: Refer to CPT				Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>64555</b>	<b>Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)</b>	<b>Global:</b> 010	<b>Issue:</b> Implantation of Neuroelectrodes	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AANS/CNS, AAPMR, ASA, NASS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 8,106	<b>2007 Work RVU:</b> 2.29 <b>2007 NF PE RVU:</b> 2.96 <b>2007 Fac PE RVU:</b> 1.23 <b>2016 Work RVU:</b> 2.32 <b>2016 NF PE RVU:</b> 3.47 <b>2016 Fac PE RVU:</b> 1.86
<b>RUC Recommendation:</b> Refer to CPT. Develop CPT Assistant article.Review September 2017.			<b>Referred to CPT</b> September 2016		<b>Result:</b>
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2016	
<b>64561</b>	<b>Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Implantation of Neuroelectrodes	<b>Screen:</b> CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> ACOG, AUA, NASS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 14,084	<b>2007 Work RVU:</b> 7.07 <b>2007 NF PE RVU:</b> 27.51 <b>2007 Fac PE RVU:</b> 3.05 <b>2016 Work RVU:</b> 5.44 <b>2016 NF PE RVU:</b> 17.15 <b>2016 Fac PE RVU:</b> 2.62
<b>RUC Recommendation:</b> 5.44. 99214 visit appropriate. Remove from screen.			<b>Referred to CPT</b> February 2016		<b>Result:</b> Decrease
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>64566</b>	<b>Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming</b>	<b>Global:</b> 000	<b>Issue:</b> Posterior Tibial Neurostimulation	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> ACOG, AUA	<b>First Identified:</b> July 2013	<b>2015e Medicare Utilization:</b> 138,670	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 0.60 <b>2016 NF PE RVU:</b> 2.92 <b>2016 Fac PE RVU:</b> 0.21
<b>RUC Recommendation:</b> 0.60			<b>Referred to CPT</b>		<b>Result:</b> Maintain
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64568</b>	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator			<b>Global:</b> 090	<b>Issue:</b> Vagus Nerve Stimulator	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> AANS/CNS	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 651	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 9.00	
					<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> NA	
					<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 7.26	
<b>RUC Recommendation:</b> 11.19			<b>Referred to CPT</b> October 2009		<b>Result:</b> Decrease		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<hr/>							
<b>64573</b>	Deleted from CPT			<b>Global:</b> 090	<b>Issue:</b> Neurosurgical Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AANS/CNS	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.15	<b>2016 Work RVU:</b>	
					<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b>	
					<b>2007 Fac PE RVU:</b> 5.31	<b>2016 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2009		<b>Result:</b> Deleted from CPT		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<hr/>							
<b>64581</b>	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)			<b>Global:</b> 090	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly / High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 10,107	<b>2007 Work RVU:</b> 14.15	<b>2016 Work RVU:</b> 12.20	
					<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA	
					<b>2007 Fac PE RVU:</b> 5.73	<b>2016 Fac PE RVU:</b> 5.41	
<b>RUC Recommendation:</b> 12.20. 99214 visit appropriate. Remove from screen.			<b>Referred to CPT</b>		<b>Result:</b> Decrease		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			



# Status Report: CMS Requests and Relativity Assessment Issues

<b>64590</b>	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 9,519	<b>2007 Work RVU:</b> 2.42 <b>2007 NF PE RVU:</b> 6.95 <b>2007 Fac PE RVU:</b> 2.33 <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>64622</b>	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level	<b>Global:</b> 010	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ASA, ISIS, AAPM, APM&R	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.02 <b>2007 NF PE RVU:</b> 6.82 <b>2007 Fac PE RVU:</b> 1.34 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> PE Review - no change			<b>Referred to CPT</b> June 2008 and Feb 2011	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>64623</b>	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Destruction by Neurolytic Agent	<b>Screen:</b> High Volume Growth1, Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57	<b>Specialty Developing Recommendation:</b> ASA, NASS, AAPM	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.99 <b>2007 NF PE RVU:</b> 2.62 <b>2007 Fac PE RVU:</b> 0.22 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2008 and Feb 2011	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64626</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level</b>	<b>Global:</b> 010	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ASA, ISIS, AAPM, APM&R	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.82 <b>2007 NF PE RVU:</b> 6.99 <b>2007 Fac PE RVU:</b> 1.93 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> PE Review - no change			<b>Referred to CPT</b> June 2008 and Feb 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<hr/>					
<b>64627</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Destruction by Neurolytic Agent	<b>Screen:</b> High Volume Growth1/ CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57	<b>Specialty Developing Recommendation:</b> ASA, NASS, AAPM	<b>First Identified:</b> April 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.16 <b>2007 NF PE RVU:</b> 3.98 <b>2007 Fac PE RVU:</b> 0.26 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2008 and Feb 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
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<b>64633</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint</b>	<b>Global:</b> 010	<b>Issue:</b> Destruction by Neurolytic Agent	<b>Screen:</b> Work Neutrality Review	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 41	<b>Specialty Developing Recommendation:</b> ASA, AAPM, AAPMR, ISIS, NASS	<b>First Identified:</b> September 2014	<b>2015e Medicare Utilization:</b> 55,842	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>
<b>RUC Recommendation:</b> RAW review additional data			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> February 2015	<b>Result:</b>	<b>2016 Work RVU:</b> 3.84 <b>2016 NF PE RVU:</b> 7.99 <b>2016 Fac PE RVU:</b> 2.42

## Status Report: CMS Requests and Relativity Assessment Issues

**64634** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

**Most Recent RUC Meeting:** April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2015e Medicare Utilization:** 92,692 **2007 Work RVU:** **2016 Work RVU:** 1.32 **2007 NF PE RVU:** **2016 NF PE RVU:** 4.03 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.56 **RUC Recommendation:** RAW review additional data **Referred to CPT** May 2015 **Referred to CPT Asst** ☒ **Published in CPT Asst:** February 2015 **Result:**

**64635** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint **Global:** 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

**Most Recent RUC Meeting:** April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2015e Medicare Utilization:** 238,850 **2007 Work RVU:** **2016 Work RVU:** 3.78 **2007 NF PE RVU:** **2016 NF PE RVU:** 7.92 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 2.40 **RUC Recommendation:** RAW review additional data **Referred to CPT** May 2015 **Referred to CPT Asst** ☒ **Published in CPT Asst:** February 2015 **Result:**

**64636** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

**Most Recent RUC Meeting:** April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2015e Medicare Utilization:** 383,910 **2007 Work RVU:** **2016 Work RVU:** 1.16 **2007 NF PE RVU:** **2016 NF PE RVU:** 3.71 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.49 **RUC Recommendation:** RAW review additional data **Referred to CPT** May 2015 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Feb 2015 **Result:**

# Status Report: CMS Requests and Relativity Assessment Issues

**64640** Destruction by neurolytic agent; other peripheral nerve or branch **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2015e Medicare Utilization:** 91,011 **2007 Work RVU:** 2.78 **2016 Work RVU:** 1.23 **2007 NF PE RVU:** 3.75 **2016 NF PE RVU:** 2.47 **2007 Fac PE RVU:** 1.75 **2016 Fac PE RVU:** 1.35

**RUC Recommendation:** 1.23. Remove 99238.

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**64708** Neuroplasty, major peripheral nerve, arm or leg, open; other than specified **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2015e Medicare Utilization:** 3,472 **2007 Work RVU:** 6.22 **2016 Work RVU:** 6.36 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 4.73 **2016 Fac PE RVU:** 6.78

**RUC Recommendation:** 6.36

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**64712** Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2015e Medicare Utilization:** 642 **2007 Work RVU:** 7.98 **2016 Work RVU:** 8.07 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 4.86 **2016 Fac PE RVU:** 6.96

**RUC Recommendation:** Remove from screen

**Referred to CPT** February 2010

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Remove from Screen

**64831** Suture of digital nerve, hand or foot; 1 nerve **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2015e Medicare Utilization:** 925 **2007 Work RVU:** 10.23 **2016 Work RVU:** 9.16 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 7 **2016 Fac PE RVU:** 9.07

**RUC Recommendation:** 9.16

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**65105** Enucleation of eye; with implant, muscles attached to implant

**Global:** 090

**Issue:** Ophthalmologic Procedures

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

**Complete?** Yes

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

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

**2015e**  
**Medicare**  
**Utilization:** 879

**2007 Work RVU:** 9.70

**2016 Work RVU:** 9.93

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 10.13

**2016 Fac PE RVU:** 13.41

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**65222** Removal of foreign body, external eye; corneal, with slit lamp

**Global:** 000

**Issue:** Removal of Foreign Body

**Screen:** Harvard Valued -  
Utilization over 30,000

**Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** AAO, AOA  
**RUC Meeting:** September 2011 **Recommendation:** (optometric)

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

**2015e**  
**Medicare**  
**Utilization:** 28,287

**2007 Work RVU:** 0.93

**2016 Work RVU:** 0.84

**2007 NF PE RVU:** 0.87

**2016 NF PE RVU:** 0.99

**2007 Fac PE RVU:** 0.4

**2016 Fac PE RVU:** 0.58

**Result:** Maintain

**RUC Recommendation:** 0.93

**Referred to CPT**

**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** **Tab** 8 **Specialty Developing** AAO  
**RUC Meeting:** February 2011 **Recommendation:**

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

**2015e**  
**Medicare**  
**Utilization:** 814

**2007 Work RVU:** 14.43

**2016 Work RVU:** 15.36

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 9.12

**2016 Fac PE RVU:** 15.00

**Result:** Decrease

**RUC Recommendation:** 16.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>65780</b>	<b>Ocular surface reconstruction; amniotic membrane transplantation, multiple layers</b>	<b>Global:</b> 090	<b>Issue:</b> Ocular Reconstruction Transplant	<b>Screen:</b> CMS Fastest Growing / 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 2,017	<b>2007 Work RVU:</b> 10.43 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.04 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 7.81 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 11.96
<b>RUC Recommendation:</b> 8.80		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jun 2009		
<b>65800</b>	<b>Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous</b>	<b>Global:</b> 000	<b>Issue:</b> Paracentesis of the Eye	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 37,609	<b>2007 Work RVU:</b> 1.91 <b>2007 NF PE RVU:</b> 1.71 <b>2007 Fac PE RVU:</b> 1.16 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.53 <b>2016 NF PE RVU:</b> 1.74 <b>2016 Fac PE RVU:</b> 0.96
<b>RUC Recommendation:</b> 1.53		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>65805</b>	<b>Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous</b>	<b>Global:</b> 000	<b>Issue:</b> Paracentesis of the Eye	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.91 <b>2007 NF PE RVU:</b> 2.07 <b>2007 Fac PE RVU:</b> 1.16 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**65855** Trabeculoplasty by laser surgery

**Global:** 010

**Issue:** Trabeculoplasty by Laser Surgery

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 11

**Specialty Developing Recommendation:** AAO

**First Identified:** January 2014

**2015e Medicare Utilization:** 153,076

**2007 Work RVU:** 3.90

**2016 Work RVU:** 2.66

**2007 NF PE RVU:** 4.14

**2016 NF PE RVU:** 4.88

**2007 Fac PE RVU:** 3.01

**2016 Fac PE RVU:** 3.95

**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT** February 2015

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

**66170** Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery

**Global:** 090

**Issue:** Glaucoma Surgery

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 32

**Specialty Developing Recommendation:** AAO

**First Identified:** January 2014

**2015e Medicare Utilization:** 11,670

**2007 Work RVU:** 14.57

**2016 Work RVU:** 11.27

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 12.17

**2016 Fac PE RVU:** 15.36

**Result:** Decrease

**RUC Recommendation:** 13.94

**Referred to CPT**

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

**66172** Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)

**Global:** 090

**Issue:** Glaucoma Surgery

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 32

**Specialty Developing Recommendation:** AAO

**First Identified:** January 2014

**2015e Medicare Utilization:** 5,467

**2007 Work RVU:** 18.26

**2016 Work RVU:** 12.57

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 15.21

**2016 Fac PE RVU:** 21.12

**Result:** Decrease

**RUC Recommendation:** 14.81

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>66179</b>	<b>Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft</b>	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 379	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 14.00
<b>RUC Recommendation:</b> 14.00		<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> NA
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 15.57
				<b>Result:</b> Decrease	
<hr/>					
<b>66180</b>	<b>Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft</b>	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 12,658	<b>2007 Work RVU:</b> 16.02	<b>2016 Work RVU:</b> 15.00
<b>RUC Recommendation:</b> 15.00		<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
				<b>2007 Fac PE RVU:</b> 10.62	<b>2016 Fac PE RVU:</b> 16.20
				<b>Result:</b> Decrease	
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<b>66183</b>	<b>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach</b>	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 4,795	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 13.20
<b>RUC Recommendation:</b> 13.20		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> NA
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 15.08
				<b>Result:</b> Maintain	
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>66184</b>	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 358	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 9.58			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 9.58	<b>2016 NF PE RVU:</b> NA
				<b>2016 Fac PE RVU:</b> 12.00	
<hr/>					
<b>66185</b>	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 1,800	<b>2007 Work RVU:</b> 9.35 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.37 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 10.58			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 10.58	<b>2016 NF PE RVU:</b> NA
				<b>2016 Fac PE RVU:</b> 12.64	
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<b>66761</b>	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	<b>Global:</b> 010	<b>Issue:</b> Iridotomy	<b>Screen:</b> High IWPUT / 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 78,026	<b>2007 Work RVU:</b> 4.87 <b>2007 NF PE RVU:</b> 5.49 <b>2007 Fac PE RVU:</b> 4.32 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 3.00	<b>2016 NF PE RVU:</b> 5.17
				<b>2016 Fac PE RVU:</b> 3.47	
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>66821</b>	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	<b>Global:</b> 090	<b>Issue:</b>	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 41 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 640,573	<b>2007 Work RVU:</b> 3.32 <b>2007 NF PE RVU:</b> 4.05 <b>2007 Fac PE RVU:</b> 3.6 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 3.42 <b>2016 NF PE RVU:</b> 5.65 <b>2016 Fac PE RVU:</b> 5.14
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>66982</b>	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	<b>Global:</b> 090	<b>Issue:</b> Cataract Surgery	<b>Screen:</b> High IWP/PUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 170,378	<b>2007 Work RVU:</b> 14.83 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.75 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 11.08 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 10.60
<b>RUC Recommendation:</b> 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Sep 2009		
<b>66984</b>	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	<b>Global:</b> 090	<b>Issue:</b> Cataract Surgery	<b>Screen:</b> High IWP/PUT / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 1,638,285	<b>2007 Work RVU:</b> 10.36 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.24 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 8.52 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 8.80
<b>RUC Recommendation:</b> 8.52		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>67028</b> Intravitreal injection of a pharmacologic agent (separate procedure)				<b>Global:</b> 000	<b>Issue:</b> Treatment of Retinal Lesion	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b>	AAO	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 2,946,024	<b>2007 Work RVU:</b> 2.52 <b>2007 NF PE RVU:</b> 2.59 <b>2007 Fac PE RVU:</b> 1.42 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.44 <b>2016 NF PE RVU:</b> 1.34 <b>2016 Fac PE RVU:</b> 1.30
<b>RUC Recommendation:</b> Review utilization at RAW Oct 2018. 1.44				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>67036</b> Vitrectomy, mechanical, pars plana approach;				<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b>	AAO	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 15,231	<b>2007 Work RVU:</b> 13.09 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.96 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 12.13 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 12.58
<b>RUC Recommendation:</b> 12.13				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>67038</b> Deleted from CPT				<b>Global:</b> 090	<b>Issue:</b> Ophthalmological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b>	AAO	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 23.30 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 15.16 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> February 2007 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>67039</b>	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation		<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,516	<b>2007 Work RVU:</b> 16.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.94 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 13.20 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 13.25
<b>RUC Recommendation:</b> 13.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>67040</b>	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation		<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 9,638	<b>2007 Work RVU:</b> 19.23 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 13.41 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 14.50 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 14.07
<b>RUC Recommendation:</b> 14.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>67041</b>	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)		<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 14,370	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 16.33 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 15.22
<b>RUC Recommendation:</b> 16.33			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>67042</b>	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)	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 24,664	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 16.33
				<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> NA
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 15.22
<b>RUC Recommendation:</b> 16.33		<b>Referred to CPT</b>		<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>67043</b>	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	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 736	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 17.40
				<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> NA
				<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 15.90
<b>RUC Recommendation:</b> 17.40		<b>Referred to CPT</b>		<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>67101</b>	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, including drainage of subretinal fluid, when performed	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> April 2015	<b>2015e Medicare Utilization:</b> 580	<b>2007 Work RVU:</b> 8.60	<b>2016 Work RVU:</b> 8.80
				<b>2007 NF PE RVU:</b> 9.04	<b>2016 NF PE RVU:</b> 12.78
				<b>2007 Fac PE RVU:</b> 6.51	<b>2016 Fac PE RVU:</b> 9.71
<b>RUC Recommendation:</b> 3.50		<b>Referred to CPT</b> May 2015		<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**67105** Repair of retinal detachment, 1 or more sessions; photocoagulation, including drainage of subretinal fluid, when performed **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2015e Medicare Utilization:** 5,713 **2007 Work RVU:** 8.35 **2016 Work RVU:** 8.53 **2007 NF PE RVU:** 7.99 **2016 NF PE RVU:** 11.25 **2007 Fac PE RVU:** 6.13 **2016 Fac PE RVU:** 9.14 **Result:** Decrease

**RUC Recommendation:** 3.84 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**67107** Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2015e Medicare Utilization:** 899 **2007 Work RVU:** 16.35 **2016 Work RVU:** 14.06 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 11.19 **2016 Fac PE RVU:** 13.79 **Result:** Decrease

**RUC Recommendation:** 16.00. Reduce 99238 to 0.5 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**67108** Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2015e Medicare Utilization:** 14,316 **2007 Work RVU:** 22.49 **2016 Work RVU:** 15.19 **2007 NF PE RVU:** NA **2016 NF PE RVU:** NA **2007 Fac PE RVU:** 14.22 **2016 Fac PE RVU:** 14.51 **Result:** Decrease

**RUC Recommendation:** 17.13 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>67110</b>	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 2,701	<b>2007 Work RVU:</b> 10.02 <b>2007 NF PE RVU:</b> 9.99 <b>2007 Fac PE RVU:</b> 7.37 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 8.31 <b>2016 NF PE RVU:</b> 12.64 <b>2016 Fac PE RVU:</b> 10.87
<b>RUC Recommendation:</b> 10.25. Remove 99238		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67112</b>	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> April 2014	<b>2015e Medicare Utilization:</b> 403	<b>2007 Work RVU:</b> 18.45 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.71 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67113</b>	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 11,912	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 19.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 17.68
<b>RUC Recommendation:</b> 19.00		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**67210** Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation      **Global:** 090      **Issue:** Treatment of Retinal Lesion or Choroid      **Screen:** High IWPUT      **Complete?** Yes

**Most Recent RUC Meeting:** October 2010      **Tab** 13      **Specialty Developing Recommendation:** AAO      **First Identified:** February 2008      **2015e Medicare Utilization:** 68,784      **2007 Work RVU:** 9.35      **2016 Work RVU:** 6.36  
**2007 NF PE RVU:** 6.48      **2016 NF PE RVU:** 7.87  
**2007 Fac PE RVU:** 5.84      **2016 Fac PE RVU:** 7.38  
**Result:** Decrease

**RUC Recommendation:** 6.36      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**67220** Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions      **Global:** 090      **Issue:** Treatment of Retinal Lesion or Choroid      **Screen:** High IWPUT      **Complete?** Yes

**Most Recent RUC Meeting:** October 2010      **Tab** 13      **Specialty Developing Recommendation:** AAO      **First Identified:** February 2008      **2015e Medicare Utilization:** 4,483      **2007 Work RVU:** 14.19      **2016 Work RVU:** 6.36  
**2007 NF PE RVU:** 10.23      **2016 NF PE RVU:** 8.33  
**2007 Fac PE RVU:** 8.9      **2016 Fac PE RVU:** 7.38  
**Result:** Decrease

**RUC Recommendation:** 6.36      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**67225** Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)      **Global:** ZZZ      **Issue:** Photodynamic Therapy of the Eye      **Screen:** New Technology      **Complete?** Yes

**Most Recent RUC Meeting:** February 2008      **Tab** P      **Specialty Developing Recommendation:** AAO      **First Identified:** September 2007      **2015e Medicare Utilization:** 232      **2007 Work RVU:** 0.47      **2016 Work RVU:** 0.47  
**2007 NF PE RVU:** 0.25      **2016 NF PE RVU:** 0.34  
**2007 Fac PE RVU:** 0.2      **2016 Fac PE RVU:** 0.30  
**Result:** Maintain

**RUC Recommendation:** 0.47      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**67228** Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation      **Global:** 090      **Issue:** Treatment of Retinal Lesion or Choroid      **Screen:** High IWPUT      **Complete?** Yes

**Most Recent RUC Meeting:** October 2009      **Tab** 40      **Specialty Developing Recommendation:** AAO      **First Identified:** February 2008      **2015e Medicare Utilization:** 73,056      **2007 Work RVU:** 13.67      **2016 Work RVU:** 4.39  
**2007 NF PE RVU:** 11.2      **2016 NF PE RVU:** 4.96  
**2007 Fac PE RVU:** 8.43      **2016 Fac PE RVU:** 4.01  
**Result:** Remove from Screen

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



# Status Report: CMS Requests and Relativity Assessment Issues

**67255** Scleral reinforcement (separate procedure); with graft

**Global:** 090

**Issue:** Aqueous Shunt

**Screen:** Harvard-Valued Annual  
Allowed Charges Greater  
than \$10 million

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2014

**Tab** 12

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** January 2014

**2015e  
Medicare  
Utilization:** 1,993

**2007 Work RVU:** 9.97

**2016 Work RVU:** 8.38

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 9.61

**2016 Fac PE RVU:** 10.41

**Result:** Maintain

**RUC Recommendation:** 10.17

**Referred to CPT** October 2013

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

**67820** Correction of trichiasis; epilation, by forceps only

**Global:** 000

**Issue:** Correction of Trichiasis

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 29

**Specialty Developing  
Recommendation:** AOA, AOA  
(optometry)

**First  
Identified:** July 2015

**2015e  
Medicare  
Utilization:** 247,707

**2007 Work RVU:** 0.71

**2016 Work RVU:** 0.71

**2007 NF PE RVU:** 0.57

**2016 NF PE RVU:** 0.66

**2007 Fac PE RVU:** 0.54

**2016 Fac PE RVU:** 0.75

**Result:** Decrease

**RUC Recommendation:** 0.32

**Referred to CPT**

**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

**2015e  
Medicare  
Utilization:** 1,884

**2007 Work RVU:** 3.70

**2016 Work RVU:** 3.75

**2007 NF PE RVU:** 5.98

**2016 NF PE RVU:** 9.25

**2007 Fac PE RVU:** 2.99

**2016 Fac PE RVU:** 5.26

**Result:** Maintain

**RUC Recommendation:** 3.75

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

### 67915 Repair of ectropion; thermocauterization

Global: 090

Issue: Repair of Eyelid

Screen: Harvard-Valued Annual  
Allowed Charges Greater  
than \$10 million

Complete? Yes

Most Recent  
RUC Meeting: April 2013

Tab 24

Specialty Developing  
Recommendation: AAO

First  
Identified: October 2012

2015e  
Medicare  
Utilization: 332

2007 Work RVU: 3.21

2016 Work RVU: 2.03

2007 NF PE RVU: 5.62

2016 NF PE RVU: 6.10

2007 Fac PE RVU: 2.75

2016 Fac PE RVU: 3.44

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 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

2015e  
Medicare  
Utilization: 2,174

2007 Work RVU: 5.37

2016 Work RVU: 5.48

2007 NF PE RVU: 7.68

2016 NF PE RVU: 10.85

2007 Fac PE RVU: 4.65

2016 Fac PE RVU: 6.34

RUC Recommendation: 5.48

Referred to CPT

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

2015e  
Medicare  
Utilization: 25,782

2007 Work RVU: 6.08

2016 Work RVU: 5.93

2007 NF PE RVU: 8.08

2016 NF PE RVU: 10.68

2007 Fac PE RVU: 4.95

2016 Fac PE RVU: 6.63

RUC Recommendation: 5.93

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

67921 Repair of entropion; suture				Global: 090	Issue: Repair of Eyelid	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 24	Specialty Developing Recommendation:	AAO	First Identified: October 2012	2015e Medicare Utilization: 3,987	2007 Work RVU: 3.42 2007 NF PE RVU: 5.83 2007 Fac PE RVU: 2.84 Result: Maintain	2016 Work RVU: 3.47 2016 NF PE RVU: 9.29 2016 Fac PE RVU: 5.09
RUC Recommendation: 3.47				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
67922 Repair of entropion; thermocauterization				Global: 090	Issue: Repair of Eyelid	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 24	Specialty Developing Recommendation:	AAO	First Identified: October 2012	2015e Medicare Utilization: 123	2007 Work RVU: 3.09 2007 NF PE RVU: 5.55 2007 Fac PE RVU: 2.7 Result: Decrease	2016 Work RVU: 2.03 2016 NF PE RVU: 6.02 2016 Fac PE RVU: 3.43
RUC Recommendation: 2.03				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
67923 Repair of entropion; excision tarsal wedge				Global: 090	Issue: Repair of Eyelid	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 24	Specialty Developing Recommendation:	AAO	First Identified: October 2012	2015e Medicare Utilization: 1,727	2007 Work RVU: 5.94 2007 NF PE RVU: 7.76 2007 Fac PE RVU: 4.86 Result: Decrease	2016 Work RVU: 5.48 2016 NF PE RVU: 10.85 2016 Fac PE RVU: 6.35
RUC Recommendation: 5.48				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>67924</b>	<b>Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)</b>	<b>Global:</b> 090	<b>Issue:</b> Repair of Eyelid	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 24 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 11,665	<b>2007 Work RVU:</b> 5.84 <b>2007 NF PE RVU:</b> 8.48 <b>2007 Fac PE RVU:</b> 4.57 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 5.93 <b>2016 NF PE RVU:</b> 11.47 <b>2016 Fac PE RVU:</b> 6.64
<b>RUC Recommendation:</b> 5.93		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>68040</b>	<b>Expression of conjunctival follicles (eg, for trachoma)</b>	<b>Global:</b> 000	<b>Issue:</b> Treatment of Eyelid Lesions	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 4,974	<b>2007 Work RVU:</b> 0.85 <b>2007 NF PE RVU:</b> 0.69 <b>2007 Fac PE RVU:</b> 0.42 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.85 <b>2016 NF PE RVU:</b> 0.87 <b>2016 Fac PE RVU:</b> 0.54
<b>RUC Recommendation:</b> Revised parenthetical		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>68200</b>	<b>Subconjunctival injection</b>	<b>Global:</b> 000	<b>Issue:</b> Subconjunctival Injection	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 18,986	<b>2007 Work RVU:</b> 0.49 <b>2007 NF PE RVU:</b> 0.52 <b>2007 Fac PE RVU:</b> 0.32 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.49 <b>2016 NF PE RVU:</b> 0.64 <b>2016 Fac PE RVU:</b> 0.46
<b>RUC Recommendation:</b> 0.49		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>68801</b>	<b>Dilation of lacrimal punctum, with or without irrigation</b>			<b>Global:</b> 010	<b>Issue:</b> Dilation and Probing of Lacrimal and Nasolacrimal Duct	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 40,934	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 1.91 <b>2007 Fac PE RVU:</b> 1.48 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.82 <b>2016 NF PE RVU:</b> 1.97 <b>2016 Fac PE RVU:</b> 1.59
<b>RUC Recommendation:</b> 1.00				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>68810</b>	<b>Probing of nasolacrimal duct, with or without irrigation;</b>			<b>Global:</b> 010	<b>Issue:</b> Dilation and Probing of Lacrimal and Nasolacrimal Duct	<b>Screen:</b> Site of Service Anomaly / 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 30,000	<b>2007 Work RVU:</b> 2.63 <b>2007 NF PE RVU:</b> 3.62 <b>2007 Fac PE RVU:</b> 2.7 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.54 <b>2016 NF PE RVU:</b> 3.86 <b>2016 Fac PE RVU:</b> 2.65
<b>RUC Recommendation:</b> 1.54				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>68811</b>	<b>Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia</b>			<b>Global:</b> 010	<b>Issue:</b>	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> September 2014	<b>2015e Medicare Utilization:</b> 543	<b>2007 Work RVU:</b> 2.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.36 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.74 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.85
<b>RUC Recommendation:</b> 2.03				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>68815</b>	<b>Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent</b>	<b>Global:</b> 010	<b>Issue:</b> Dilation and Probing of Lacrimal and Nasolacrimal Duct	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 7,980	<b>2007 Work RVU:</b> 3.24 <b>2007 NF PE RVU:</b> 7.82 <b>2007 Fac PE RVU:</b> 2.74 <b>Result:</b> Decrease <b>2016 Work RVU:</b> 2.70 <b>2016 NF PE RVU:</b> 8.33 <b>2016 Fac PE RVU:</b> 3.39
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>68816</b>	<b>Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation</b>	<b>Global:</b> 010	<b>Issue:</b>	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> September 2014	<b>2015e Medicare Utilization:</b> 246	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease <b>2016 Work RVU:</b> 2.10 <b>2016 NF PE RVU:</b> 16.00 <b>2016 Fac PE RVU:</b> 3.47
<b>RUC Recommendation:</b> 2.35			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>69100</b>	<b>Biopsy external ear</b>	<b>Global:</b> 000	<b>Issue:</b> Biopsy of Ear	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 134,228	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 1.75 <b>2007 Fac PE RVU:</b> 0.4 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 0.81 <b>2016 NF PE RVU:</b> 1.94 <b>2016 Fac PE RVU:</b> 0.49
<b>RUC Recommendation:</b> 0.81			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>69200</b>	<b>Removal foreign body from external auditory canal; without general anesthesia</b>	<b>Global:</b> 000	<b>Issue:</b> Removal of Foreign Body	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 44,880	<b>2007 Work RVU:</b> 0.77 <b>2007 NF PE RVU:</b> 2.29 <b>2007 Fac PE RVU:</b> 0.56 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 0.77 <b>2016 NF PE RVU:</b> 1.96 <b>2016 Fac PE RVU:</b> 0.49
<b>RUC Recommendation:</b> 0.77			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>69210</b>	<b>Removal impacted cerumen requiring instrumentation, unilateral</b>	<b>Global:</b> 000	<b>Issue:</b> Removal of Cerumen	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> AAFP, AAO-HNS	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 1,558,017	<b>2007 Work RVU:</b> 0.61 <b>2007 NF PE RVU:</b> 0.61 <b>2007 Fac PE RVU:</b> 0.21 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.58.			<b>Referred to CPT</b> October 2012	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2016 Work RVU:</b> 0.61 <b>2016 NF PE RVU:</b> 0.72 <b>2016 Fac PE RVU:</b> 0.26

<b>69400</b>	<b>Eustachian tube inflation, transnasal; with catheterization</b>	<b>Global:</b> 000	<b>Issue:</b> Eustachian Tube Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2013	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.83 <b>2007 NF PE RVU:</b> 2.27 <b>2007 Fac PE RVU:</b> 0.66 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>

<b>69401</b>	<b>Eustachian tube inflation, transnasal; without catheterization</b>	<b>Global:</b> 000	<b>Issue:</b> Eustachian Tube Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.63 <b>2007 NF PE RVU:</b> 1.3 <b>2007 Fac PE RVU:</b> 0.63 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>

<b>69405</b>	<b>Eustachian tube catheterization, transtympanic</b>	<b>Global:</b> 010	<b>Issue:</b> Eustachian Tube Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2013	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.65 <b>2007 NF PE RVU:</b> 3.48 <b>2007 Fac PE RVU:</b> 2.19 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

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**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 **2015e Medicare Utilization:** 49,115

**RUC Recommendation:** 1.57 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 1.54 **2016 Work RVU:** 1.57  
**2007 NF PE RVU:** 3.09 **2016 NF PE RVU:** 4.02  
**2007 Fac PE RVU:** 1.6 **2016 Fac PE RVU:** 2.03  
**Result:** Maintain

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**69801** Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal **Global:** 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2015e Medicare Utilization:** 18,774

**RUC Recommendation:** Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010 **Referred to CPT Asst** ☒ **Published in CPT Asst:** May 2011

**2007 Work RVU:** 8.61 **2016 Work RVU:** 2.06  
**2007 NF PE RVU:** NA **2016 NF PE RVU:** 3.27  
**2007 Fac PE RVU:** 9.31 **2016 Fac PE RVU:** 1.29  
**Result:** Decrease

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

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 13.39 **2016 Work RVU:**  
**2007 NF PE RVU:** NA **2016 NF PE RVU:**  
**2007 Fac PE RVU:** 11.91 **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

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# Status Report: CMS Requests and Relativity Assessment Issues

**69930 Cochlear device implantation, with or without mastoidectomy**

**Global:** 090

**Issue:** Cochlear Device Implantation

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** M

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** September 2007

**2015e Medicare Utilization:** 3,117

**2007 Work RVU:** 17.60

**2016 Work RVU:** 17.73

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 14.06

**2016 Fac PE RVU:** 15.15

**Result:** Maintain

**RUC Recommendation:** 17.60

**Referred to CPT**

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

**70100 Radiologic examination, mandible; partial, less than 4 views**

**Global:** XXX

**Issue:** RAW

**Screen:** High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 18

**Specialty Developing Recommendation:**

**First Identified:** April 2013

**2015e Medicare Utilization:** 19,018

**2007 Work RVU:** 0.18

**2016 Work RVU:** 0.18

**2007 NF PE RVU:** 0.59

**2016 NF PE RVU:** 0.72

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

**Referred to CPT**

**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

**2015e Medicare Utilization:** 2,253

**2007 Work RVU:** 0.16

**2016 Work RVU:** 0.16

**2007 NF PE RVU:** 0.58

**2016 NF PE RVU:** 0.85

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>70371</b>	Complex dynamic pharyngeal and speech evaluation by cine or video recording	<b>Global:</b> XXX	<b>Issue:</b> Laryngography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACR, AAFP	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 7,558	<b>2007 Work RVU:</b> 0.84 <b>2007 NF PE RVU:</b> 2.14 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.84 <b>2016 NF PE RVU:</b> 1.67 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> CPT Assistant article published.			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b> July 2014	<b>Result:</b> Maintain
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		
<b>70373</b>	Laryngography, contrast, radiological supervision and interpretation	<b>Global:</b> XXX	<b>Issue:</b> Laryngography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACR, AAFP	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 4,123	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 1.83 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> CPT Assistant article published.			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b> July 2014	<b>Result:</b> Maintain
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		
<b>70450</b>	Computed tomography, head or brain; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 5,503,561	<b>2007 Work RVU:</b> 0.85 <b>2007 NF PE RVU:</b> 4.91 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.85 <b>2016 NF PE RVU:</b> 2.34 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.85			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>70460</b>	Computed tomography, head or brain; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 35,427	<b>2007 Work RVU:</b> 1.13 <b>2007 NF PE RVU:</b> 6.06 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.13			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>70470</b>	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 126,511	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 7.49 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family).			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>70486</b>	Computed tomography, maxillofacial area; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> CT – Maxillofacial	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 41	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 469,923	<b>2007 Work RVU:</b> 1.14 <b>2007 NF PE RVU:</b> 5.42 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.85			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

**70487** Computed tomography, maxillofacial area; with contrast material(s) **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2015e Medicare Utilization:** 22,392

**2007 Work RVU:** 1.30 **2016 Work RVU:** 1.13  
**2007 NF PE RVU:** 6.55 **2016 NF PE RVU:** 3.52  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.17 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**70488** Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2015e Medicare Utilization:** 3,777

**2007 Work RVU:** 1.42 **2016 Work RVU:** 1.27  
**2007 NF PE RVU:** 8.11 **2016 NF PE RVU:** 4.41  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.30 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**70490** Computed tomography, soft tissue neck; without contrast material **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015e Medicare Utilization:** 67,235

**2007 Work RVU:** 1.28 **2016 Work RVU:** 1.28  
**2007 NF PE RVU:** 5.39 **2016 NF PE RVU:** 4.06  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:**

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

**70491** Computed tomography, soft tissue neck; with contrast material(s) **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2015e Medicare Utilization:** 236,874

**2007 Work RVU:** 1.38 **2016 Work RVU:** 1.38  
**2007 NF PE RVU:** 6.48 **2016 NF PE RVU:** 5.15  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>70492</b>	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Soft Tissue Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 24,552	<b>2007 Work RVU:</b> 1.45 <b>2007 NF PE RVU:</b> 8.04 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 1.45 <b>2016 NF PE RVU:</b> 6.25 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b>			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>

<b>70496</b>	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography – Head & Neck	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 39	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 228,783	<b>2007 Work RVU:</b> 1.75 <b>2007 NF PE RVU:</b> 12.43 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 1.75 <b>2016 NF PE RVU:</b> 6.40 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.75			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

<b>70498</b>	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography – Head & Neck	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 39	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 251,346	<b>2007 Work RVU:</b> 1.75 <b>2007 NF PE RVU:</b> 12.45 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 1.75 <b>2016 NF PE RVU:</b> 6.36 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.75			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>70540</b>	<b>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)</b>		<b>Global:</b> XXX	<b>Issue:</b> MRI Face and Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 39	<b>Specialty Developing Recommendation:</b>	ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 10,721	<b>2007 Work RVU:</b> 1.35 <b>2007 NF PE RVU:</b> 12.11 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.35				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.35 <b>2016 NF PE RVU:</b> 8.62 <b>2016 Fac PE RVU:</b> NA
<hr/>						
<b>70542</b>	<b>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)</b>		<b>Global:</b> XXX	<b>Issue:</b> MRI Face and Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 39	<b>Specialty Developing Recommendation:</b>	ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 1,260	<b>2007 Work RVU:</b> 1.62 <b>2007 NF PE RVU:</b> 14.09 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.62				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.62 <b>2016 NF PE RVU:</b> 9.55 <b>2016 Fac PE RVU:</b> NA
<hr/>						
<b>70543</b>	<b>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences</b>		<b>Global:</b> XXX	<b>Issue:</b> MRI Face and Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 39	<b>Specialty Developing Recommendation:</b>	ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 51,779	<b>2007 Work RVU:</b> 2.15 <b>2007 NF PE RVU:</b> 23.65 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.15				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.15 <b>2016 NF PE RVU:</b> 11.51 <b>2016 Fac PE RVU:</b> NA
<hr/>						

## Status Report: CMS Requests and Relativity Assessment Issues

70544	Magnetic resonance angiography, head; without contrast material(s)			Global: XXX	Issue: Magnetic Resonance Angiography (MR) Head/Neck	Screen: CMS High Expenditure Procedural Codes2	Complete?	No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR, ASNR	First Identified: July 2015	2015e Medicare Utilization: 265,416	2007 Work RVU: 1.20 2007 NF PE RVU: 12.46 2007 Fac PE RVU: NA Result:	2016 Work RVU: 1.20 2016 NF PE RVU: 9.70 2016 Fac PE RVU: NA	
RUC Recommendation: Survey				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
70545	Magnetic resonance angiography, head; with contrast material(s)			Global: XXX	Issue: Magnetic Resonance Angiography (MR) Head/Neck	Screen: CMS High Expenditure Procedural Codes2	Complete?	No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR, ASNR	First Identified: July 2015	2015e Medicare Utilization: 3,181	2007 Work RVU: 1.20 2007 NF PE RVU: 12.44 2007 Fac PE RVU: NA Result:	2016 Work RVU: 1.20 2016 NF PE RVU: 9.57 2016 Fac PE RVU: NA	
RUC Recommendation: Survey				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences			Global: XXX	Issue: Magnetic Resonance Angiography (MR) Head/Neck	Screen: CMS High Expenditure Procedural Codes2	Complete?	No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR, ASNR	First Identified: July 2015	2015e Medicare Utilization: 15,746	2007 Work RVU: 1.80 2007 NF PE RVU: 22.97 2007 Fac PE RVU: NA Result:	2016 Work RVU: 1.80 2016 NF PE RVU: 14.86 2016 Fac PE RVU: NA	
RUC Recommendation: Survey				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>70547</b> Magnetic resonance angiography, neck; without contrast material(s)				<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 78,170	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 12.45 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 1.20 <b>2016 NF PE RVU:</b> 9.75 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>70548</b> Magnetic resonance angiography, neck; with contrast material(s)				<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 25,611	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 12.65 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 1.20 <b>2016 NF PE RVU:</b> 10.29 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>70549</b> Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences				<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	ACR, ASNR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 71,321	<b>2007 Work RVU:</b> 1.80 <b>2007 NF PE RVU:</b> 22.96 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 1.80 <b>2016 NF PE RVU:</b> 14.97 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>70551</b>	<b>Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI-Brain	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 994,548	<b>2007 Work RVU:</b> 1.48 <b>2016 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 12.2 <b>2016 NF PE RVU:</b> 4.90 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>70552</b>	<b>Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI-Brain	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 24,819	<b>2007 Work RVU:</b> 1.78 <b>2016 Work RVU:</b> 1.78 <b>2007 NF PE RVU:</b> 14.22 <b>2016 NF PE RVU:</b> 7.07 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>70553</b>	<b>Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI-Brain	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 948,761	<b>2007 Work RVU:</b> 2.36 <b>2016 Work RVU:</b> 2.29 <b>2007 NF PE RVU:</b> 23.53 <b>2016 NF PE RVU:</b> 8.16 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.36			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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## Status Report: CMS Requests and Relativity Assessment Issues

**71010** Radiologic examination, chest; single view, frontal

**Global:** XXX **Issue:** Chest X-Rays

**Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

**First** **2015e**  
**Identified:** October 2010 **Medicare**  
**Utilization:** 17,211,791

**2007 Work RVU:** 0.18 **2016 Work RVU:** 0.18  
**2007 NF PE RVU:** 0.5 **2016 NF PE RVU:** 0.43  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

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

**71015** Radiologic examination, chest; stereo, frontal

**Global:** XXX **Issue:** Chest X-Rays

**Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

**First** **2015e**  
**Identified:** July 2015 **Medicare**  
**Utilization:** 806

**2007 Work RVU:** 0.21 **2016 Work RVU:** 0.21  
**2007 NF PE RVU:** 0.58 **2016 NF PE RVU:** 0.55  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

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

**71020** Radiologic examination, chest, 2 views, frontal and lateral;

**Global:** XXX **Issue:** Chest X-Rays

**Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

**First** **2015e**  
**Identified:** October 2010 **Medicare**  
**Utilization:** 11,878,440

**2007 Work RVU:** 0.22 **2016 Work RVU:** 0.22  
**2007 NF PE RVU:** 0.66 **2016 NF PE RVU:** 0.54  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>71021</b>	<b>Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure</b>	<b>Global:</b> XXX	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 6,168	<b>2007 Work RVU:</b> 0.27 <b>2007 NF PE RVU:</b> 0.79 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 0.27 <b>2016 NF PE RVU:</b> 0.66 <b>2016 Fac PE RVU:</b> NA
<b>71022</b>	<b>Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections</b>	<b>Global:</b> XXX	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 11,667	<b>2007 Work RVU:</b> 0.31 <b>2007 NF PE RVU:</b> 0.84 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 0.31 <b>2016 NF PE RVU:</b> 0.84 <b>2016 Fac PE RVU:</b> NA
<b>71023</b>	<b>Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy</b>	<b>Global:</b> XXX	<b>Issue:</b> Chest X-Ray	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 2,824	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.06 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 0.38 <b>2016 NF PE RVU:</b> 1.37 <b>2016 Fac PE RVU:</b> NA
<b>71030</b>	<b>Radiologic examination, chest, complete, minimum of 4 views;</b>	<b>Global:</b> XXX	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 10,136	<b>2007 Work RVU:</b> 0.31 <b>2007 NF PE RVU:</b> 0.88 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 0.31 <b>2016 NF PE RVU:</b> 0.83 <b>2016 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>71034</b>	<b>Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy</b>	<b>Global:</b> XXX	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 478	<b>2007 Work RVU:</b> 0.46 <b>2016 Work RVU:</b> 0.46 <b>2007 NF PE RVU:</b> 1.69 <b>2016 NF PE RVU:</b> 1.82 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

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<b>71035</b>	<b>Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)</b>	<b>Global:</b> XXX	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 96,644	<b>2007 Work RVU:</b> 0.18 <b>2016 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.62 <b>2016 NF PE RVU:</b> 0.72 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

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<b>71090</b>	<b>Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2016 Work RVU:</b> <b>2007 NF PE RVU:</b> NA <b>2016 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

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# Status Report: CMS Requests and Relativity Assessment Issues

710X1

Global: Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 07 Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Decrease

RUC Recommendation: 0.18

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

710X2

Global: Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 07 Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Decrease

RUC Recommendation: 0.22

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

710X3

Global: Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 07 Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Decrease

RUC Recommendation: 0.27

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

710X4

Global: Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 07 Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Decrease

RUC Recommendation: 0.31

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>71100</b>	<b>Radiologic examination, ribs, unilateral; 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray of Ribs	<b>Screen:</b> CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 216,539	<b>2007 Work RVU:</b> 0.22 <b>2007 NF PE RVU:</b> 0.63 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.22 <b>2016 NF PE RVU:</b> 0.68 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.22		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>71101</b>	<b>Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray of Ribs	<b>Screen:</b> CMS-Other - Utilization over 250,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 270,898	<b>2007 Work RVU:</b> 0.27 <b>2007 NF PE RVU:</b> 0.75 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.27 <b>2016 NF PE RVU:</b> 0.72 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.27		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>71110</b>	<b>Radiologic examination, ribs, bilateral; 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray of Ribs	<b>Screen:</b> CMS-Other - Utilization over 250,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 28,694	<b>2007 Work RVU:</b> 0.27 <b>2007 NF PE RVU:</b> 0.84 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.27 <b>2016 NF PE RVU:</b> 0.76 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.29		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>71111</b>	<b>Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views</b>		<b>Global:</b> XXX	<b>Issue:</b> X-Ray of Ribs		<b>Screen:</b> CMS-Other - Utilization over 250,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 27,673	<b>2007 Work RVU:</b> 0.32 <b>2007 NF PE RVU:</b> 1 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.32 <b>2016 NF PE RVU:</b> 0.99 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.32				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>71250</b>	<b>Computed tomography, thorax; without contrast material</b>		<b>Global:</b> XXX	<b>Issue:</b> CT Chest		<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 1,798,993	<b>2007 Work RVU:</b> 1.16 <b>2007 NF PE RVU:</b> 6.24 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase	<b>2016 Work RVU:</b> 1.02 <b>2016 NF PE RVU:</b> 3.97 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.16				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>71260</b>	<b>Computed tomography, thorax; with contrast material(s)</b>		<b>Global:</b> XXX	<b>Issue:</b> CT Chest		<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 1,673,933	<b>2007 Work RVU:</b> 1.24 <b>2007 NF PE RVU:</b> 7.5 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 1.24 <b>2016 NF PE RVU:</b> 5.12 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.38				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>71270</b>	<b>Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Chest	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 89,166	<b>2007 Work RVU:</b> 1.38 <b>2007 NF PE RVU:</b> 9.36 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 1.38 <b>2016 NF PE RVU:</b> 6.25 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.24		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>71275</b>	<b>Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography-Chest	<b>Screen:</b> CMS Fastest Growing / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 27 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 918,762	<b>2007 Work RVU:</b> 1.92 <b>2007 NF PE RVU:</b> 12.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.82 <b>2016 NF PE RVU:</b> 6.47 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.82		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jun 2009		

<b>72020</b>	<b>Radiologic examination, spine, single view, specify level</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 174,881	<b>2007 Work RVU:</b> 0.15 <b>2007 NF PE RVU:</b> 0.46 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.15 <b>2016 NF PE RVU:</b> 0.45 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review action plan		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>72040</b>	<b>Radiologic examination, spine, cervical; 2 or 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-ray of Cervical Spine	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 610,335	<b>2007 Work RVU:</b> 0.22 <b>2007 NF PE RVU:</b> 0.69 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.22 <b>2016 NF PE RVU:</b> 0.69 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.22		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

**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:	2015e Medicare Utilization: 393,835	2007 Work RVU: 0.31 2007 NF PE RVU: 1 2007 Fac PE RVU: NA Result: Maintain	2016 Work RVU: 0.31 2016 NF PE RVU: 0.92 2016 Fac PE RVU: NA
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RUC Recommendation: 0.31 Referred to CPT October 2011  
Referred to CPT Asst ☐ Published in CPT Asst:

**72052** Radiologic examination, spine, cervical; 6 or more views Global: XXX Issue:

Screen: Low Value-High Volume Complete? Yes

Most Recent RUC Meeting: January 2012	Tab 09	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	2015e Medicare Utilization: 97,870	2007 Work RVU: 0.36 2007 NF PE RVU: 1.27 2007 Fac PE RVU: NA Result: Maintain	2016 Work RVU: 0.36 2016 NF PE RVU: 1.19 2016 Fac PE RVU: NA
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RUC Recommendation: 0.36 Referred to CPT October 2011  
Referred to CPT Asst ☐ Published in CPT Asst:

**72070** Radiologic examination, spine; thoracic, 2 views Global: XXX Issue: X-Ray Exams

Screen: CMS-Other - Utilization over 250,000 Complete? Yes

Most Recent RUC Meeting: September 2014	Tab 17	Specialty Developing Recommendation:	AAOS, ACR, ASNR	First Identified: April 2013	2015e Medicare Utilization: 304,694	2007 Work RVU: 0.22 2007 NF PE RVU: 0.69 2007 Fac PE RVU: NA Result: Maintain	2016 Work RVU: 0.22 2016 NF PE RVU: 0.71 2016 Fac PE RVU: NA
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RUC Recommendation: 0.22 Referred to CPT  
Referred to CPT Asst ☐ Published in CPT Asst:

**72072** Radiologic examination, spine; thoracic, 3 views Global: XXX Issue: RAW

Screen: CMS-Other - Utilization over 100,000 Complete? No

Most Recent RUC Meeting: April 2016	Tab 47	Specialty Developing Recommendation:		First Identified: April 2016	2015e Medicare Utilization: 200,736	2007 Work RVU: 0.22 2007 NF PE RVU: 0.78 2007 Fac PE RVU: NA Result:	2016 Work RVU: 0.22 2016 NF PE RVU: 0.73 2016 Fac PE RVU: NA
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RUC Recommendation: Review action plan Referred to CPT  
Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:** 1,859,272

**2007 Work RVU:** 0.22

**2016 Work RVU:** 0.22

**2007 NF PE RVU:** 0.75

**2016 NF PE RVU:** 0.74

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.22

**Referred to CPT** October 2010

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

**Result:** Maintain

**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

**2015e Medicare Utilization:** 866,159

**2007 Work RVU:** 0.31

**2016 Work RVU:** 0.31

**2007 NF PE RVU:** 1.03

**2016 NF PE RVU:** 1.03

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.31

**Referred to CPT** October 2010

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

**Result:** Maintain

**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

**2015e Medicare Utilization:** 94,712

**2007 Work RVU:** 0.36

**2016 Work RVU:** 0.32

**2007 NF PE RVU:** 1.36

**2016 NF PE RVU:** 1.40

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.32

**Referred to CPT** October 2010

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:** 41,806

**2007 Work RVU:** 0.22

**2016 Work RVU:** 0.22

**2007 NF PE RVU:** 0.98

**2016 NF PE RVU:** 0.89

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.22

**Referred to CPT** October 2010

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

**Result:** Maintain

**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

**2015e Medicare Utilization:** 989,672

**2007 Work RVU:** 1.16

**2016 Work RVU:** 1.07

**2007 NF PE RVU:** 6.24

**2016 NF PE RVU:** 4.04

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 1.16

**Referred to CPT**

**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

**2015e Medicare Utilization:** 20,487

**2007 Work RVU:** 1.22

**2016 Work RVU:** 1.22

**2007 NF PE RVU:** 7.49

**2016 NF PE RVU:** 5.13

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**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

**2015e Medicare Utilization:** 2,277

**2007 Work RVU:** 1.27

**2016 Work RVU:** 1.27

**2007 NF PE RVU:** 9.3

**2016 NF PE RVU:** 6.25

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**Result:** Remove from Screen

## Status Report: CMS Requests and Relativity Assessment Issues

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	2015e Medicare Utilization: 141,711		2007 Work RVU: 1.16	2016 Work RVU: 1.00	
						2007 NF PE RVU: 6.24	2016 NF PE RVU: 3.99	
						2007 Fac PE RVU: NA	2016 Fac PE RVU: NA	
RUC Recommendation: 1.16		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:				
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	2015e Medicare Utilization: 17,298		2007 Work RVU: 1.22	2016 Work RVU: 1.22	
						2007 NF PE RVU: 7.49	2016 NF PE RVU: 5.14	
						2007 Fac PE RVU: NA	2016 Fac PE RVU: NA	
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:				
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	2015e Medicare Utilization: 1,374		2007 Work RVU: 1.27	2016 Work RVU: 1.27	
						2007 NF PE RVU: 9.29	2016 NF PE RVU: 6.30	
						2007 Fac PE RVU: NA	2016 Fac PE RVU: NA	
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:				
72131 Computed tomography, lumbar spine; without contrast material				Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing		Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 22	Specialty Developing Recommendation: ACR, ASNR	First Identified: February 2009	2015e Medicare Utilization: 415,739		2007 Work RVU: 1.16	2016 Work RVU: 1.00	
						2007 NF PE RVU: 6.24	2016 NF PE RVU: 3.97	
						2007 Fac PE RVU: NA	2016 Fac PE RVU: NA	
RUC Recommendation: 1.16		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:				

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72132</b>	Computed tomography, lumbar spine; with contrast material	<b>Global:</b> XXX	<b>Issue:</b> CT Spine	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 40 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 57,692	<b>2007 Work RVU:</b> 1.22 <b>2007 NF PE RVU:</b> 7.49 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 1.22 <b>2016 NF PE RVU:</b> 5.11 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>72133</b>	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Spine	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 40 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 4,689	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 9.34 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 1.27 <b>2016 NF PE RVU:</b> 6.23 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>72141</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 546,990	<b>2007 Work RVU:</b> 1.60 <b>2007 NF PE RVU:</b> 11.76 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.48 <b>2016 NF PE RVU:</b> 4.70 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.48		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>72142</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 4,122	<b>2007 Work RVU:</b> 1.92 <b>2007 NF PE RVU:</b> 14.26 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.78 <b>2016 NF PE RVU:</b> 7.21 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.78		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>72146</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 191,387	<b>2007 Work RVU:</b> 1.60 <b>2007 NF PE RVU:</b> 12.69 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.48 <b>2016 NF PE RVU:</b> 4.71 <b>2016 Fac PE RVU:</b> NA
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<b>72147</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 3,491	<b>2007 Work RVU:</b> 1.92 <b>2007 NF PE RVU:</b> 13.76 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.78 <b>2016 NF PE RVU:</b> 7.12 <b>2016 Fac PE RVU:</b> NA
<hr/>					
<b>72148</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> AAOS, AUR, ACR, NASS, ASNR	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 1,260,450	<b>2007 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 12.66 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.48 <b>2016 NF PE RVU:</b> 4.67 <b>2016 Fac PE RVU:</b> NA
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# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:** 6,994

**2007 Work RVU:** 1.78

**2016 Work RVU:** 1.78

**2007 NF PE RVU:** 14.23

**2016 NF PE RVU:** 7.09

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.78

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**72156** Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 25

**Specialty Developing Recommendation:**

**First Identified:** April 2013

**2015e Medicare Utilization:** 110,826

**2007 Work RVU:** 2.57

**2016 Work RVU:** 2.29

**2007 NF PE RVU:** 23.52

**2016 NF PE RVU:** 8.21

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.29

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**72157** Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 25

**Specialty Developing Recommendation:**

**First Identified:** April 2013

**2015e Medicare Utilization:** 84,469

**2007 Work RVU:** 2.57

**2016 Work RVU:** 2.29

**2007 NF PE RVU:** 23.12

**2016 NF PE RVU:** 8.22

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.29

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**72158** Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 25

**Specialty Developing Recommendation:**

**First Identified:** April 2013

**2015e Medicare Utilization:** 256,993

**2007 Work RVU:** 2.36

**2016 Work RVU:** 2.29

**2007 NF PE RVU:** 23.45

**2016 NF PE RVU:** 8.18

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.29

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**72170** Radiologic examination, pelvis; 1 or 2 views

**Global:** XXX

**Issue:** Radiologic Exam-Hip/Pelvis

**Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2010

**2015e Medicare Utilization:** 1,838,195

**2007 Work RVU:** 0.17

**2016 Work RVU:** 0.17

**2007 NF PE RVU:** 0.56

**2016 NF PE RVU:** 0.70

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT** October 2014

**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

**2015e Medicare Utilization:** 2,744

**2007 Work RVU:** 1.81

**2016 Work RVU:** 1.81

**2007 NF PE RVU:** 12.15

**2016 NF PE RVU:** 6.63

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.81

**Referred to CPT** October 2010

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

**72192** Computed tomography, pelvis; without contrast material

**Global:** XXX

**Issue:** CT Pelvis

**Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2015e Medicare Utilization:** 150,481

**2007 Work RVU:** 1.09

**2016 Work RVU:** 1.09

**2007 NF PE RVU:** 6.12

**2016 NF PE RVU:** 2.93

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.09

**Referred to CPT** October 2009

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



## Status Report: CMS Requests and Relativity Assessment Issues

72193 Computed tomography, pelvis; with contrast material(s)				Global: XXX	Issue: CT Pelvis	Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 26	Specialty Developing Recommendation: ACR	First Identified: October 2008	2015e Medicare Utilization: 32,658	2007 Work RVU: 1.16	2016 Work RVU: 1.16	
					2007 NF PE RVU: 7.2	2016 NF PE RVU: 5.10	
					2007 Fac PE RVU: NA	2016 Fac PE RVU: NA	
RUC Recommendation: 1.16			Referred to CPT October 2009	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	

72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections			Global: XXX	Issue: CT Abdomen and Pelvis	Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting:	April 2014	Tab 44	Specialty Developing Recommendation: ACR	First Identified: February 2008	2015e Medicare Utilization: 5,498	2007 Work RVU: 1.22 2007 NF PE RVU: 9.06 2007 Fac PE RVU: NA	2016 Work RVU: 1.22 2016 NF PE RVU: 6.00 2016 Fac PE RVU: NA
RUC Recommendation:	1.22			Referred to CPT October 2009	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain

72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)			Global: XXX	Issue: MRI Pelvis	Screen: CMS High Expenditure Procedural Codes2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR	First Identified: July 2015	2015e Medicare Utilization: 73,884	2007 Work RVU: 1.46 2007 NF PE RVU: 12.19 2007 Fac PE RVU: NA	2016 Work RVU: 1.46 2016 NF PE RVU: 8.95 2016 Fac PE RVU: NA
RUC Recommendation:	Survey			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:	

## Status Report: CMS Requests and Relativity Assessment Issues

72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			Global: XXX	Issue: MRI Pelvis	Screen: CMS High Expenditure Procedural Codes2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR	First Identified: July 2015	2015e Medicare Utilization: 2,956	2007 Work RVU: 1.73 2007 NF PE RVU: 14.18 2007 Fac PE RVU: NA Result:	2016 Work RVU: 1.73 2016 NF PE RVU: 9.69 2016 Fac PE RVU: NA
RUC Recommendation: Survey			Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences			Global: XXX	Issue: MRI Pelvis	Screen: CMS High Expenditure Procedural Codes2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR	First Identified: July 2015	2015e Medicare Utilization: 108,839	2007 Work RVU: 2.26 2007 NF PE RVU: 23.71 2007 Fac PE RVU: NA Result:	2016 Work RVU: 2.26 2016 NF PE RVU: 11.77 2016 Fac PE RVU: NA
RUC Recommendation: Survey			Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views			Global: XXX	Issue: RAW	Screen: CMS-Other - Utilization over 100,000	Complete? No
Most Recent RUC Meeting:	Tab 47	Specialty Developing Recommendation:		First Identified: April 2016	2015e Medicare Utilization: 117,828	2007 Work RVU: 0.17 2007 NF PE RVU: 0.61 2007 Fac PE RVU: NA Result:	2016 Work RVU: 0.17 2016 NF PE RVU: 0.60 2016 Fac PE RVU: NA
RUC Recommendation: Review action plan			Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

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	2015e Medicare Utilization: 1,381	2007 Work RVU: 0.91 2007 NF PE RVU: 4.37 2007 Fac PE RVU: NA Result: Maintain	2016 Work RVU: 0.91 2016 NF PE RVU: 1.78 2016 Fac PE RVU: NA
RUC Recommendation: 0.91				Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
72255 Myelography, thoracic, radiological supervision and interpretation				Global: XXX	Issue: Myelography	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 17	Specialty Developing Recommendation:	ACR, ASNR	First Identified: October 2013	2015e Medicare Utilization: 232	2007 Work RVU: 0.91 2007 NF PE RVU: 3.98 2007 Fac PE RVU: NA Result: Maintain	2016 Work RVU: 0.91 2016 NF PE RVU: 1.76 2016 Fac PE RVU: NA
RUC Recommendation: 0.91				Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 6,271	2007 Work RVU: 0.83 2007 NF PE RVU: 3.83 2007 Fac PE RVU: NA Result: Maintain	2016 Work RVU: 0.83 2016 NF PE RVU: 1.70 2016 Fac PE RVU: NA
RUC Recommendation: 0.83				Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72270</b>	<b>Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 1,230	<b>2007 Work RVU:</b> 1.33 <b>2007 NF PE RVU:</b> 5.81 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 1.33 <b>2016 NF PE RVU:</b> 2.16 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.33		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>72275</b>	<b>Epidurography, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Epidurography	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> ASA, AAPM, AAMPR, NASS	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 78,046	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 2.15 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.76 <b>2016 NF PE RVU:</b> 2.45 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.76, CPT Assistant article published.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Oct 2009 and Q&A - May 2010		
<hr/>					
<b>72291</b>	<b>Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance</b>	<b>Global:</b> XXX	<b>Issue:</b> Percutaneous Vertebroplasty with Radiological S&I	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 0

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**73030** Radiologic examination, shoulder; complete, minimum of 2 views

**Global:** XXX

**Issue:** X-Ray Exam of Shoulder

**Screen:** Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 26

**Specialty Developing Recommendation:** ACR, AAOS

**First Identified:** October 2010

**2015e Medicare Utilization:** 2,447,275

**2007 Work RVU:** 0.18

**2016 Work RVU:** 0.18

**2007 NF PE RVU:** 0.61

**2016 NF PE RVU:** 0.61

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT**

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

**73060** Radiologic examination; humerus, minimum of 2 views

**Global:** XXX

**Issue:** X-Ray Exams

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab** 17

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2013

**2015e Medicare Utilization:** 338,796

**2007 Work RVU:** 0.17

**2016 Work RVU:** 0.16

**2007 NF PE RVU:** 0.61

**2016 NF PE RVU:** 0.63

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.16

**Referred to CPT**

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

**73070** Radiologic examination, elbow; 2 views

**Global:** XXX

**Issue:** RAW

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:**

**First Identified:** April 2016

**2015e Medicare Utilization:** 229,087

**2007 Work RVU:** 0.15

**2016 Work RVU:** 0.15

**2007 NF PE RVU:** 0.56

**2016 NF PE RVU:** 0.60

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Review action plan

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e  
Medicare  
Utilization:** 348,587

**2007 Work RVU:** 0.17

**2016 Work RVU:** 0.17

**2007 NF PE RVU:** 0.66

**2016 NF PE RVU:** 0.68

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73090** Radiologic examination; forearm, 2 views

**Global:** XXX

**Issue:** RAW

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** No

**Most Recent  
RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing  
Recommendation:**

**First  
Identified:** April 2016

**2015e  
Medicare  
Utilization:** 223,999

**2007 Work RVU:** 0.16

**2016 Work RVU:** 0.16

**2007 NF PE RVU:** 0.56

**2016 NF PE RVU:** 0.54

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Review action plan

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73100** Radiologic examination, wrist; 2 views

**Global:** XXX

**Issue:** X-Ray Wrist

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 32

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** July 2015

**2015e  
Medicare  
Utilization:** 321,443

**2007 Work RVU:** 0.16

**2016 Work RVU:** 0.16

**2007 NF PE RVU:** 0.55

**2016 NF PE RVU:** 0.64

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**73110** Radiologic examination, wrist; complete, minimum of 3 views

**Global:** XXX

**Issue:** X-Ray Wrist

**Screen:** Low Value-High Volume /  
CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 32

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** October 2010

**2015e  
Medicare  
Utilization:** 964,960

**2007 Work RVU:** 0.17

**2016 Work RVU:** 0.17

**2007 NF PE RVU:** 0.63

**2016 NF PE RVU:** 0.80

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

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

**73120** Radiologic examination, hand; 2 views

**Global:** XXX

**Issue:** X-Ray of Hand/Fingers

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 33

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** July 2015

**2015e  
Medicare  
Utilization:** 276,627

**2007 Work RVU:** 0.16

**2016 Work RVU:** 0.16

**2007 NF PE RVU:** 0.54

**2016 NF PE RVU:** 0.55

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.16

**Referred to CPT**

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

**73130** Radiologic examination, hand; minimum of 3 views

**Global:** XXX

**Issue:** X-Ray of Hand/Fingers

**Screen:** Low Value-High Volume /  
CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 33

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** October 2010

**2015e  
Medicare  
Utilization:** 1,066,854

**2007 Work RVU:** 0.17

**2016 Work RVU:** 0.17

**2007 NF PE RVU:** 0.6

**2016 NF PE RVU:** 0.67

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**73140** Radiologic examination, finger(s), minimum of 2 views

**Global:** XXX

**Issue:** X-Ray of Hand/Fingers

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab 33** **Specialty Developing  
Recommendation:** ACR

**First  
Identified:** July 2015

**2015e  
Medicare  
Utilization:** 352,508

**2007 Work RVU:** 0.13

**2016 Work RVU:** 0.13

**2007 NF PE RVU:** 0.51

**2016 NF PE RVU:** 0.73

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.13

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73200** Computed tomography, upper extremity; without contrast material

**Global:** XXX

**Issue:** CT Upper Extremity

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab 23** **Specialty Developing  
Recommendation:** ACR

**First  
Identified:** October 2008

**2015e  
Medicare  
Utilization:** 89,640

**2007 Work RVU:** 1.09

**2016 Work RVU:** 1.00

**2007 NF PE RVU:** 5.5

**2016 NF PE RVU:** 3.95

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.09

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73201** Computed tomography, upper extremity; with contrast material(s)

**Global:** XXX

**Issue:** CT Upper Extremity

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab 40** **Specialty Developing  
Recommendation:** ACR

**First  
Identified:** February 2009

**2015e  
Medicare  
Utilization:** 14,871

**2007 Work RVU:** 1.16

**2016 Work RVU:** 1.16

**2007 NF PE RVU:** 6.58

**2016 NF PE RVU:** 5.01

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73202** Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections

**Global:** XXX

**Issue:** CT Upper Extremity

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab 40** **Specialty Developing  
Recommendation:** ACR

**First  
Identified:** February 2009

**2015e  
Medicare  
Utilization:** 1,822

**2007 Work RVU:** 1.22

**2016 Work RVU:** 1.22

**2007 NF PE RVU:** 8.38

**2016 NF PE RVU:** 6.49

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**73206** Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab 12** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** May 2013

**2015e Medicare Utilization:** 3,897

**2007 Work RVU:** 1.81

**2016 Work RVU:** 1.81

**2007 NF PE RVU:** 11.22

**2016 NF PE RVU:** 7.26

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Remove from Screen

**RUC Recommendation:** Survey with all CTA codes for October 2013.

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73218** Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)

**Global:** XXX

**Issue:** MRI

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab 18** **Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2015e Medicare Utilization:** 31,773

**2007 Work RVU:** 1.35

**2016 Work RVU:** 1.35

**2007 NF PE RVU:** 12.24

**2016 NF PE RVU:** 8.79

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** CPT Assistant published.

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Feb 2011

**73221** Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)

**Global:** XXX

**Issue:** MRI

**Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab 20** **Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2015e Medicare Utilization:** 428,653

**2007 Work RVU:** 1.35

**2016 Work RVU:** 1.35

**2007 NF PE RVU:** 11.98

**2016 NF PE RVU:** 5.18

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.35

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**73500** Radiologic examination, hip, unilateral; 1 view **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2015e Medicare Utilization:** 522,535 **2007 Work RVU:** 0.17 **2016 Work RVU:** **2007 NF PE RVU:** 0.52 **2016 NF PE RVU:** **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**73501** Radiologic examination, hip, unilateral, with pelvis when performed; 1 view **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2015e Medicare Utilization:** **2007 Work RVU:** **2016 Work RVU:** 0.18 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.64 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.17 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**73502** Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2015e Medicare Utilization:** **2007 Work RVU:** **2016 Work RVU:** 0.22 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.92 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.22 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**73503** Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 0.27

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.15

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.27

**Referred to CPT** October 2014

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

**73510** Radiologic examination, hip, unilateral; complete, minimum of 2 views

**Global:** XXX

**Issue:** Radiologic Exam-Hip and Pelvis

**Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2008

**2015e Medicare Utilization:** 2,439,859

**2007 Work RVU:** 0.21

**2016 Work RVU:**

**2007 NF PE RVU:** 0.67

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**73520** Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis

**Global:** XXX

**Issue:** Radiologic Exam-Hip and Pelvis

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2013

**2015e Medicare Utilization:** 369,095

**2007 Work RVU:** 0.26

**2016 Work RVU:**

**2007 NF PE RVU:** 0.76

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>73521</b>	<b>Radiologic examination, hips, bilateral, with pelvis when performed; 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 0.22
<b>RUC Recommendation:</b> 0.22			<b>Referred to CPT</b> October 2014		<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 0.88
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
					<b>Result:</b> Decrease	

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<b>73522</b>	<b>Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 0.29
<b>RUC Recommendation:</b> 0.29			<b>Referred to CPT</b> October 2014		<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 1.05
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
					<b>Result:</b> Decrease	

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<b>73523</b>	<b>Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 0.31
<b>RUC Recommendation:</b> 0.31			<b>Referred to CPT</b> October 2014		<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 1.25
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
					<b>Result:</b> Decrease	

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## Status Report: CMS Requests and Relativity Assessment Issues

**73540** Radiologic examination, pelvis and hips, infant or child, minimum of 2 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2015e Medicare Utilization:** 184 **2007 Work RVU:** 0.20 **2016 Work RVU:** **2007 NF PE RVU:** 0.68 **2016 NF PE RVU:** **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**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 **2015e Medicare Utilization:** **2007 Work RVU:** 0.59 **2016 Work RVU:** **2007 NF PE RVU:** 1.98 **2016 NF PE RVU:** **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Deleted from CPT **Result:** Deleted from CPT

**73550** Radiologic examination, femur, 2 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2015e Medicare Utilization:** 556,452 **2007 Work RVU:** 0.17 **2016 Work RVU:** **2007 NF PE RVU:** 0.61 **2016 NF PE RVU:** **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>73551</b>	<b>Radiologic examination, femur; 1 view</b>			<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b>	AAOS, ACR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 0.16
<b>RUC Recommendation:</b> 0.16				<b>Referred to CPT</b> October 2014		<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 0.60
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
						<b>Result:</b> Decrease	
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<b>73552</b>	<b>Radiologic examination, femur; minimum 2 views</b>			<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b>	AAOS, ACR	<b>First Identified:</b> October 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 0.18
<b>RUC Recommendation:</b> 0.18				<b>Referred to CPT</b> October 2014		<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 0.71
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
						<b>Result:</b> Decrease	
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<b>73560</b>	<b>Radiologic examination, knee; 1 or 2 views</b>			<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exams	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b>	AAOS, ACR	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 1,972,779	<b>2007 Work RVU:</b> 0.17	<b>2016 Work RVU:</b> 0.16
<b>RUC Recommendation:</b> 0.16				<b>Referred to CPT</b>		<b>2007 NF PE RVU:</b> 0.58	<b>2016 NF PE RVU:</b> 0.69
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA
						<b>Result:</b> Decrease	
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<b>73562</b>	<b>Radiologic examination, knee; 3 views</b>			<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exams	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b>	AAOS, ACR	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 2,180,938	<b>2007 Work RVU:</b> 0.18	<b>2016 Work RVU:</b> 0.18
<b>RUC Recommendation:</b> 0.18				<b>Referred to CPT</b>		<b>2007 NF PE RVU:</b> 0.65	<b>2016 NF PE RVU:</b> 0.80
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA
						<b>Result:</b> 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	2015e Medicare Utilization: 1,331,691	2007 Work RVU: 0.22 2007 NF PE RVU: 0.73 2007 Fac PE RVU: NA Result: Maintain	2016 Work RVU: 0.22 2016 NF PE RVU: 0.87 2016 Fac PE RVU: NA
RUC Recommendation: 0.22				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
73565	Radiologic examination, knee; both knees, standing, anteroposterior			Global: XXX	Issue: X-Ray Exams	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent RUC Meeting:	September 2014	Tab 17	Specialty Developing Recommendation: AAOS, ACR	First Identified: April 2013	2015e Medicare Utilization: 298,807	2007 Work RVU: 0.17 2007 NF PE RVU: 0.57 2007 Fac PE RVU: NA Result: Decrease	2016 Work RVU: 0.16 2016 NF PE RVU: 0.83 2016 Fac PE RVU: NA
RUC Recommendation: 0.16				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation			Global: XXX	Issue: Contrast X-Ray of Knee Joint	Screen: High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	Complete? Yes
Most Recent RUC Meeting:	October 2015	Tab 21	Specialty Developing Recommendation: AAOS	First Identified: February 2008	2015e Medicare Utilization: 37,775	2007 Work RVU: 0.54 2007 NF PE RVU: 2.67 2007 Fac PE RVU: NA Result: Maintain	2016 Work RVU: 0.54 2016 NF PE RVU: 2.65 2016 Fac PE RVU: NA
RUC Recommendation: Review action plan at RAW Oct 2015. CPT Assistant Article published June 2012.				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jun 2012		

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<b>73590</b>	<b>Radiologic examination; tibia and fibula, 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exams	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 477,588	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.57 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.16			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>73600</b>	<b>Radiologic examination, ankle; 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exams	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> AAOS, ACR, APMA	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 258,483	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.54 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.16			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>73610</b>	<b>Radiologic examination, ankle; complete, minimum of 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Examination	<b>Screen:</b> Havard Valued - Utilization over 1 Million / Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> ACR, AAOS, APMA, AOFAS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 1,220,073	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.61 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>73620</b>	<b>Radiologic examination, foot; 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exam of Foot	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ACR, AAOS, APMA	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 699,670	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.54 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.16			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>



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<b>73630</b>	<b>Radiologic examination, foot; complete, minimum of 3 views</b>		<b>Global:</b> XXX	<b>Issue:</b> Radiologic Examination	<b>Screen:</b> Havard Valued - Utilization over 1 Million / Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> ACR, AAOS, APMA, AOFAS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 2,500,216	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.6 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.17 <b>2016 NF PE RVU:</b> 0.63 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>73650</b>	<b>Radiologic examination; calcaneus, minimum of 2 views</b>		<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 100,357	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.16 <b>2016 NF PE RVU:</b> 0.58 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review action plan			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>73660</b>	<b>Radiologic examination; toe(s), minimum of 2 views</b>		<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 115,678	<b>2007 Work RVU:</b> 0.13 <b>2007 NF PE RVU:</b> 0.5 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.13 <b>2016 NF PE RVU:</b> 0.64 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review action plan			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>73700</b>	<b>Computed tomography, lower extremity; without contrast material</b>		<b>Global:</b> XXX	<b>Issue:</b> CT Lower Extremity	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 236,754	<b>2007 Work RVU:</b> 1.09 <b>2007 NF PE RVU:</b> 5.5 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 1.00 <b>2016 NF PE RVU:</b> 3.96 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.09			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>73701</b>	Computed tomography, lower extremity; with contrast material(s)	Global: XXX	Issue: CT Lower Extremity	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting:	Tab 40 October 2009	Specialty Developing Recommendation:	ACR	First Identified: February 2009	2015e Medicare Utilization: 34,192
RUC Recommendation:	Remove from screen	Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 1.16 2007 NF PE RVU: 6.6 2007 Fac PE RVU: NA Result: Remove from Screen
					2016 Work RVU: 1.16 2016 NF PE RVU: 5.11 2016 Fac PE RVU: NA

<b>73702</b>	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:	Tab 40 October 2009	Specialty Developing Recommendation:	ACR	First Identified: February 2009	2015e Medicare Utilization: 4,338
RUC Recommendation:	Remove from screen	Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 1.22 2007 NF PE RVU: 8.4 2007 Fac PE RVU: NA Result: Remove from Screen
					2016 Work RVU: 1.22 2016 NF PE RVU: 6.41 2016 Fac PE RVU: NA

<b>73706</b>	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:	Tab 12 October 2013	Specialty Developing Recommendation:	ACR, SIR	First Identified: February 2008	2015e Medicare Utilization: 13,494
RUC Recommendation:	Survey for October 2013. Remove from screen	Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 1.90 2007 NF PE RVU: 11.61 2007 Fac PE RVU: NA Result: Remove from Screen
					2016 Work RVU: 1.90 2016 NF PE RVU: 7.83 2016 Fac PE RVU: NA

<b>73718</b>	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Global: XXX	Issue: MRI Lower Extremity	Screen: CMS High Expenditure Procedural Codes2	Complete? No
Most Recent RUC Meeting:	Tab Survey	Specialty Developing Recommendation:	ACR	First Identified: July 2015	2015e Medicare Utilization: 121,802
RUC Recommendation:	Survey	Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 1.35 2007 NF PE RVU: 12.14 2007 Fac PE RVU: NA Result:
					2016 Work RVU: 1.35 2016 NF PE RVU: 8.79 2016 Fac PE RVU: NA

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73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)			Global: XXX	Issue: MRI Lower Extremity	Screen: CMS High Expenditure Procedural Codes2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR	First Identified: July 2015	2015e Medicare Utilization: 1,606	2007 Work RVU: 1.62 2007 NF PE RVU: 14.12 2007 Fac PE RVU: NA Result:	2016 Work RVU: 1.62 2016 NF PE RVU: 9.61 2016 Fac PE RVU: NA
RUC Recommendation:	Survey			Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences			Global: XXX	Issue: MRI Lower Extremity	Screen: CMS High Expenditure Procedural Codes2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR	First Identified: July 2015	2015e Medicare Utilization: 54,615	2007 Work RVU: 2.15 2007 NF PE RVU: 23.7 2007 Fac PE RVU: NA Result:	2016 Work RVU: 2.15 2016 NF PE RVU: 11.81 2016 Fac PE RVU: NA
RUC Recommendation:	Survey			Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
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:	Tab 20	Specialty Developing Recommendation:	ACR	First Identified: October 2010	2015e Medicare Utilization: 621,220	2007 Work RVU: 1.35 2007 NF PE RVU: 12.05 2007 Fac PE RVU: NA Result: Maintain	2016 Work RVU: 1.35 2016 NF PE RVU: 5.19 2016 Fac PE RVU: NA
RUC Recommendation:	1.35			Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

# Status Report: CMS Requests and Relativity Assessment Issues

**74000** Radiologic examination, abdomen; single anteroposterior view

**Global:** XXX

**Issue:** Abdominal X-Ray

**Screen:** Low Value-High Volume /  
CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 08

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** October 2010

**2015e  
Medicare  
Utilization:** 2,089,053

**2007 Work RVU:** 0.18

**2016 Work RVU:** 0.18

**2007 NF PE RVU:** 0.55

**2016 NF PE RVU:** 0.46

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

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

**Result:** Deleted from CPT

**74010** Radiologic examination, abdomen; anteroposterior and additional oblique and cone views

**Global:** XXX

**Issue:** Abdominal X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 08

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** July 2015

**2015e  
Medicare  
Utilization:** 35,397

**2007 Work RVU:** 0.23

**2016 Work RVU:** 0.23

**2007 NF PE RVU:** 0.68

**2016 NF PE RVU:** 0.74

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

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

**Result:** Deleted from CPT

**74020** Radiologic examination, abdomen; complete, including decubitus and/or erect views

**Global:** XXX

**Issue:** Abdominal X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 08

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** July 2015

**2015e  
Medicare  
Utilization:** 626,131

**2007 Work RVU:** 0.27

**2016 Work RVU:** 0.27

**2007 NF PE RVU:** 0.72

**2016 NF PE RVU:** 0.75

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>74022</b> Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest				<b>Global:</b> XXX	<b>Issue:</b> Abdominal X-Ray	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 551,662	<b>2007 Work RVU:</b> 0.32 <b>2007 NF PE RVU:</b> 0.85 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.32 <b>2016 NF PE RVU:</b> 0.90 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.32				<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>740X1</b>				<b>Global:</b>	<b>Issue:</b> Abdominal X-Ray	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> February 2016	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 0.18				<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>740X2</b>				<b>Global:</b>	<b>Issue:</b> Abdominal X-Ray	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> February 2016	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 0.23				<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>740X3</b>				<b>Global:</b>	<b>Issue:</b> Abdominal X-Ray	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> February 2016	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 0.27				<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>74150</b>	Computed tomography, abdomen; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> CT Abdomen	<b>Screen:</b> Codes Reported Together 95% or More / CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 94,175	<b>2007 Work RVU:</b> 1.19 <b>2007 NF PE RVU:</b> 5.97 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Review PE. 0.35			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 1.19 <b>2016 NF PE RVU:</b> 2.93 <b>2016 Fac PE RVU:</b> NA

<b>74160</b>	Computed tomography, abdomen; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> CT Abdomen and Pelvis	<b>Screen:</b> Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 44	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 125,989	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 7.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.42			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 1.27 <b>2016 NF PE RVU:</b> 5.12 <b>2016 Fac PE RVU:</b> NA

<b>74170</b>	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Abdomen	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 104,915	<b>2007 Work RVU:</b> 1.40 <b>2007 NF PE RVU:</b> 9.6 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.40			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 1.40 <b>2016 NF PE RVU:</b> 5.87 <b>2016 Fac PE RVU:</b> NA

## 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:**

**2015e Medicare Utilization:** 176,586

**2007 Work RVU:**

**2016 Work RVU:** 2.20

**2007 NF PE RVU:**

**2016 NF PE RVU:** 8.55

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 2.20

**Referred to CPT**

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 43,315

**2007 Work RVU:** 1.90

**2016 Work RVU:** 1.82

**2007 NF PE RVU:** 12.39

**2016 NF PE RVU:** 6.67

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 1.82

**Referred to CPT** October 2010

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

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 2,160,758

**2007 Work RVU:**

**2016 Work RVU:** 1.74

**2007 NF PE RVU:**

**2016 NF PE RVU:** 3.76

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 1.74

**Referred to CPT** October 2009

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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**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:**      **2015e Medicare Utilization:** 2,648,797      **2007 Work RVU:**      **2016 Work RVU:** 1.82  
**2007 NF PE RVU:**      **2016 NF PE RVU:** 6.81  
**2007 Fac PE RVU:**      **2016 Fac PE RVU:** NA  
**RUC Recommendation:** 1.82      **Referred to CPT** October 2009      **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**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:**      **2015e Medicare Utilization:** 548,773      **2007 Work RVU:**      **2016 Work RVU:** 2.01  
**2007 NF PE RVU:**      **2016 NF PE RVU:** 7.76  
**2007 Fac PE RVU:**      **2016 Fac PE RVU:** NA  
**RUC Recommendation:** 2.01      **Referred to CPT** October 2009      **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**74181** Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)      **Global:** XXX      **Issue:** MRI of Abdomen      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** No

**Most Recent RUC Meeting:**      **Tab**      **Specialty Developing Recommendation:** ACR      **First Identified:** July 2015      **2015e Medicare Utilization:** 106,726      **2007 Work RVU:** 1.46      **2016 Work RVU:** 1.46  
**2007 NF PE RVU:** 11.71      **2016 NF PE RVU:** 7.78  
**2007 Fac PE RVU:** NA      **2016 Fac PE RVU:** NA  
**RUC Recommendation:** Survey      **Referred to CPT**      **Result:**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>74182</b>	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> MRI of Abdomen	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 5,105	<b>2007 Work RVU:</b> 1.73 <b>2007 NF PE RVU:</b> 14.63 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>
<b>RUC Recommendation:</b>	Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.73 <b>2016 NF PE RVU:</b> 10.89 <b>2016 Fac PE RVU:</b> NA

<b>74183</b>	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	<b>Global:</b> XXX	<b>Issue:</b> MRI of Abdomen	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 240,108	<b>2007 Work RVU:</b> 2.26 <b>2007 NF PE RVU:</b> 23.72 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>
<b>RUC Recommendation:</b>	Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 2.26 <b>2016 NF PE RVU:</b> 11.80 <b>2016 Fac PE RVU:</b> NA

<b>74220</b>	Radiologic examination; esophagus	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 190,799	<b>2007 Work RVU:</b> 0.46 <b>2007 NF PE RVU:</b> 1.48 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>
<b>RUC Recommendation:</b>	Review action plan		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.46 <b>2016 NF PE RVU:</b> 1.99 <b>2016 Fac PE RVU:</b> NA

<b>74230</b>	Swallowing function, with cineradiography/videoradiography	<b>Global:</b> XXX	<b>Issue:</b> Swallowing Function	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 338,354	<b>2007 Work RVU:</b> 0.53 <b>2007 NF PE RVU:</b> 1.57 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b>	0.53		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.53 <b>2016 NF PE RVU:</b> 3.01 <b>2016 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

**74247** Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB **Global:** XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab** 31 **Specialty Developing** ACR  
**RUC Meeting:** September 2011 **Recommendation:**

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

**2015e**  
**Medicare**  
**Utilization:** 24,730

**2007 Work RVU:** 0.69  
**2007 NF PE RVU:** 2.18  
**2007 Fac PE RVU:** NA  
**Result:** Maintain

**2016 Work RVU:** 0.69  
**2016 NF PE RVU:** 3.21  
**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.69

**Referred to CPT**  
**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** **Tab** 31 **Specialty Developing** ACR  
**RUC Meeting:** September 2011 **Recommendation:**

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

**2015e**  
**Medicare**  
**Utilization:** 15,500

**2007 Work RVU:** 0.99  
**2007 NF PE RVU:** 3.07  
**2007 Fac PE RVU:** NA  
**Result:** Maintain

**2016 Work RVU:** 0.99  
**2016 NF PE RVU:** 4.91  
**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.99

**Referred to CPT**  
**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** **Tab** 06 **Specialty Developing** ACR, SIR  
**RUC Meeting:** October 2015 **Recommendation:**

**First**  
**Identified:** October 2012

**2015e**  
**Medicare**  
**Utilization:** 15,279

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

**2016 Work RVU:**  
**2016 NF PE RVU:**  
**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**74320** Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation      **Global:** XXX      **Issue:** Percutaneous Biliary Procedures Bundling      **Screen:** Codes Reported Together 75% or More-Part2      **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2015e Medicare Utilization:** 4,235

**2007 Work RVU:** 0.54

**2016 Work RVU:**

**2007 NF PE RVU:** 3

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**74327** Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation

**Global:** XXX

**Issue:** Percutaneous Biliary Procedures Bundling

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

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2015e Medicare Utilization:** 277

**2007 Work RVU:** 0.70

**2016 Work RVU:**

**2007 NF PE RVU:** 2.19

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**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

**2015e Medicare Utilization:** 11,784

**2007 Work RVU:** 0.49

**2016 Work RVU:** 0.49

**2007 NF PE RVU:** 2

**2016 NF PE RVU:** 2.54

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.49

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>74420</b>	<b>Urography, retrograde, with or without KUB</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 157,193	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review action plan			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>74425</b>	<b>Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 30,319	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey October 2018			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>74475</b>	<b>Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 22,601	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 3.69 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>74480</b>	<b>Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 13,618	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 3.69 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>75574</b>	<b>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)</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR, ACC	<b>First Identified:</b> May 2013	<b>2015e Medicare Utilization:</b> 42,834	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 2.40 <b>2016 NF PE RVU:</b> 9.20 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey with all CTA codes for October 2013.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>75635</b>	<b>Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography of Abdominal Arteries	<b>Screen:</b> High Volume Growth1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 92,542	<b>2007 Work RVU:</b> 2.40 <b>2007 NF PE RVU:</b> 15.56 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 2.40 <b>2016 NF PE RVU:</b> 8.10 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.40		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

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	2015e Medicare Utilization:	2007 Work RVU: 1.49 2007 NF PE RVU: 10.66 2007 Fac PE RVU: NA Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:	
RUC Recommendation:				Deleted from CPT		Referred to CPT	February 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation			Global: XXX	Issue: Carotid Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes		
Most Recent RUC Meeting:	April 2010	Tab 45	Specialty Developing Recommendation:	AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS	First Identified: February 2010	2015e Medicare Utilization:	2007 Work RVU: 1.66 2007 NF PE RVU: 11.08 2007 Fac PE RVU: NA Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:	
RUC Recommendation:				Deleted from CPT		Referred to CPT	February 2012	Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization:	2007 Work RVU: 1.66 2007 NF PE RVU: 10.96 2007 Fac PE RVU: NA Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:	
RUC Recommendation:				Deleted from CPT		Referred to CPT	February 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**75710** Angiography, extremity, unilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	ACR, RPA, SIR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 141,652	<b>2007 Work RVU:</b> 1.14 <b>2007 NF PE RVU:</b> 10.72 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 1.14 <b>2016 NF PE RVU:</b> 3.32 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**75716** Angiography, extremity, bilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b>	ACR, RPA, SIR	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 81,060	<b>2007 Work RVU:</b> 1.31 <b>2007 NF PE RVU:</b> 10.96 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 1.31 <b>2016 NF PE RVU:</b> 3.80 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**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

<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b>	ACC, ACR, ASNR, AUR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.14 <b>2007 NF PE RVU:</b> 10.7 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>75724</b>	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation	<b>Global:</b> XXX	<b>Issue:</b> Renal Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> ACC, ACR, ASNR, AUR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.49 <b>2007 NF PE RVU:</b> 11.15 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2011	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>75790</b>	Deleted from CPT	<b>Global:</b> XXX	<b>Issue:</b> Arteriovenous Shunt Imaging	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> SVS, SIR, ACR	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.84 <b>2007 NF PE RVU:</b> 2.2 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>75791</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 16,302	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>



## 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 **2015e Medicare Utilization:** 365 **2007 Work RVU:** 1.44 **2016 Work RVU:** 1.44 **2007 NF PE RVU:** 10.54 **2016 NF PE RVU:** 2.92 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT** **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 **2015e Medicare Utilization:** 515 **2007 Work RVU:** 1.44 **2016 Work RVU:** 1.44 **2007 NF PE RVU:** 10.6 **2016 NF PE RVU:** 2.95 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT** **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 **2015e Medicare Utilization:** 6,846 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00 **2007 NF PE RVU:** NA **2016 NF PE RVU:** 0.00 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>75896</b>	<b>Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Intracranial Endovascular Intervention	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> AANS/CNS, ACR, ASNR, SCAI, SIR	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 4,719	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Code Deleted from CPT			<b>Referred to CPT</b> February 2014 February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>75898</b>	<b>Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis</b>	<b>Global:</b> XXX	<b>Issue:</b> Intracranial Endovascular Intervention	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> AANS/CNS, ACR, ASNR, SCAI, SIR	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 11,587	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Contractor Price
<b>RUC Recommendation:</b> Review utilization data Oct 2016. Carrier Price.			<b>Referred to CPT</b> February 2014 February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> NA
<b>75940</b>	<b>Percutaneous placement of IVC filter, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Major Vein Revision	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>

## 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

**2015e**  
**Medicare**  
**Utilization:** 10,019

**2007 Work RVU:** 0.00

**2007 NF PE RVU:** NA

**2007 Fac PE RVU:** NA

**Result:** Deleted from CPT

**2016 Work RVU:**

**2016 NF PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

**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

**2015e**  
**Medicare**  
**Utilization:** 10,144

**2007 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2007 Fac PE RVU:** 0

**Result:** Deleted from CPT

**2016 Work RVU:**

**2016 NF PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

**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:**

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

**2007 Work RVU:** 0.00

**2007 NF PE RVU:** NA

**2007 Fac PE RVU:** NA

**Result:** Deleted from CPT

**2016 Work RVU:**

**2016 NF PE RVU:**

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 4.24

**2016 Work RVU:**

**2007 NF PE RVU:** 9.99

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2011

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

**75962** Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation **Global:** XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** April 2010

**2015e Medicare Utilization:** 48,691

**2007 Work RVU:** 0.54

**2016 Work RVU:** 0.54

**2007 NF PE RVU:** 12.8

**2016 NF PE RVU:** 3.33

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**75964** Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 15

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:**

**2015e Medicare Utilization:** 1,031

**2007 Work RVU:** 0.36

**2016 Work RVU:** 0.36

**2007 NF PE RVU:** 6.96

**2016 NF PE RVU:** 2.07

**2007 Fac PE RVU:** 6.96

**2016 Fac PE RVU:** NA

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**75966** Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation **Global:** XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2015e Medicare Utilization:** 2,006 **2007 Work RVU:** 1.31 **2016 Work RVU:** 1.31 **2007 NF PE RVU:** 13.18 **2016 NF PE RVU:** 3.37 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**75968** Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2015e Medicare Utilization:** 193 **2007 Work RVU:** 0.36 **2016 Work RVU:** 0.36 **2007 NF PE RVU:** 6.99 **2016 NF PE RVU:** 2.07 **2007 Fac PE RVU:** 6.99 **2016 Fac PE RVU:** NA

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**75978** Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation **Global:** XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2013 **2015e Medicare Utilization:** 274,979 **2007 Work RVU:** 0.54 **2016 Work RVU:** 0.54 **2007 NF PE RVU:** 12.72 **2016 NF PE RVU:** 3.28 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>75980</b>	<b>Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 1,796	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>75982</b>	<b>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</b>	<b>Global:</b> XXX	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 4,773	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>75984</b>	<b>Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Introduction of Catheter or Stent - Renal	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 63,695	<b>2007 Work RVU:</b> 0.72 <b>2007 NF PE RVU:</b> 2.18 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>
<b>RUC Recommendation:</b> Refer to CPT to bundle.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>2016 Work RVU:</b> 0.72 <b>2016 NF PE RVU:</b> 2.23 <b>2016 Fac PE RVU:</b> NA

# 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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 0

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 0

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 0

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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 Arthroectomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2015e Medicare Utilization:** **2007 Work RVU:** 0.00 **2016 Work RVU:** **2007 NF PE RVU:** 0 **2016 NF PE RVU:** **2007 Fac PE RVU:** 0 **2016 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2010 **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 / CMS-Other - Utilization over 100,000 **Complete?** No

**Most Recent RUC Meeting:** April 2016 **Tab** 47 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2015e Medicare Utilization:** 121,260 **2007 Work RVU:** 0.17 **2016 Work RVU:** 0.17 **2007 NF PE RVU:** 1.68 **2016 NF PE RVU:** 1.13 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Review action plan **Referred to CPT** **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 **2015e Medicare Utilization:** 5,026 **2007 Work RVU:** 0.58 **2016 Work RVU:** 0.58 **2007 NF PE RVU:** 1.93 **2016 NF PE RVU:** 1.97 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>76101</b>	<b>Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral</b>	<b>Global:</b> XXX	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> ACR, ISIS	<b>First Identified:</b> April 2009	<b>2015e Medicare Utilization:</b> 19	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 2.5 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>76102</b>	<b>Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral</b>	<b>Global:</b> XXX	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> ACR, ISIS	<b>First Identified:</b> April 2009	<b>2015e Medicare Utilization:</b> 1,400	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 3.35 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>76510</b>	<b>Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 35</b>	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 16,298	<b>2007 Work RVU:</b> 1.55 <b>2007 NF PE RVU:</b> 2.73 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>
<b>RUC Recommendation:</b> Defer to October 2016			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>76511</b>	<b>Ophthalmic ultrasound, diagnostic; quantitative A-scan only</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 35</b>	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 5,246	<b>2007 Work RVU:</b> 0.94 <b>2007 NF PE RVU:</b> 2.17 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>
<b>RUC Recommendation:</b> Defer to October 2016			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76512</b>	<b>Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 191,209	<b>2007 Work RVU:</b> 0.94 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.94 <b>2016 NF PE RVU:</b> 1.66 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Defer to October 2016			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>76513</b>	<b>Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Ultrasound	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 51	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 26,869	<b>2007 Work RVU:</b> 0.66 <b>2007 NF PE RVU:</b> 1.75 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.66 <b>2016 NF PE RVU:</b> 2.00 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.66 and CPT Assistant article published			<b>Referred to CPT</b> May 2008	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2013

<b>76516</b>	<b>Ophthalmic biometry by ultrasound echography, A-scan;</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Biometry	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 3,968	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 1.39 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.54 <b>2016 NF PE RVU:</b> 1.67 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>76519</b>	<b>Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Biometry	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 328,244	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 1.49 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.54 <b>2016 NF PE RVU:</b> 1.83 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.54			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:** 799,425

**2007 Work RVU:** 0.56

**2016 Work RVU:** 0.56

**2007 NF PE RVU:** 1.83

**2016 NF PE RVU:** 2.68

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.56

**Referred to CPT**

**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

**2015e Medicare Utilization:** 465,774

**2007 Work RVU:**

**2016 Work RVU:** 0.73

**2007 NF PE RVU:**

**2016 NF PE RVU:** 2.26

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.73

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**76642** Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited

**Global:** XXX

**Issue:** Breast Ultrasound

**Screen:** CMS-Other - Utilization over 500,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 13

**Specialty Developing Recommendation:** ACR

**First Identified:** January 2014

**2015e Medicare Utilization:** 715,398

**2007 Work RVU:**

**2016 Work RVU:** 0.68

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.77

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.68

**Referred to CPT** October 2013

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.54

**2016 Work RVU:**

**2007 NF PE RVU:** 1.41

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>76700</b>	Ultrasound, abdominal, real time with image documentation; complete	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 981,043	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 2.39 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.81 <b>2016 NF PE RVU:</b> 2.61 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.81		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>76705</b>	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACR, ASBS	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 1,011,555	<b>2007 Work RVU:</b> 0.59 <b>2007 NF PE RVU:</b> 1.77 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.59 <b>2016 NF PE RVU:</b> 1.95 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.59		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>76770</b>	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 1,236,003	<b>2007 Work RVU:</b> 0.74 <b>2007 NF PE RVU:</b> 2.36 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.74 <b>2016 NF PE RVU:</b> 2.41 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.74		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>76775</b>	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 653,399	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 1.81 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.58 <b>2016 NF PE RVU:</b> 1.02 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.58		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>767X1</b>				<b>Global:</b>	<b>Issue:</b> Abdominal Aorta Ultrasound Screening	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b>	ACR, SIR, SVS	<b>First Identified:</b> May 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 0.55 and refer to CPT Assistant				<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article Needed	<b>Result:</b> Decrease	

<b>76819</b>	<b>Fetal biophysical profile; without non-stress testing</b>			<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 12,301	<b>2007 Work RVU:</b> 0.77 <b>2007 NF PE RVU:</b> 1.81 <b>2007 Fac PE RVU:</b> NA	<b>2016 Work RVU:</b> 0.77 <b>2016 NF PE RVU:</b> 1.69 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from screen	

<b>76830</b>	<b>Ultrasound, transvaginal</b>			<b>Global:</b> XXX	<b>Issue:</b> Transvaginal and Transrectal Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 44	<b>Specialty Developing Recommendation:</b>	ACOG, ACR, AUA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 453,238	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU:</b> NA	<b>2016 Work RVU:</b> 0.69 <b>2016 NF PE RVU:</b> 2.71 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.69				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

<b>76856</b>	<b>Ultrasound, pelvic (nonobstetric), real time with image documentation; complete</b>			<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 491,511	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 1.99 <b>2007 Fac PE RVU:</b> NA	<b>2016 Work RVU:</b> 0.69 <b>2016 NF PE RVU:</b> 2.37 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.69				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

**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 **2015e Medicare Utilization:** 224,132 **2007 Work RVU:** 0.38 **2016 Work RVU:** 0.50 **2007 NF PE RVU:** 1.99 **2016 NF PE RVU:** 0.80 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76870** Ultrasound, scrotum and contents **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

**Most Recent RUC Meeting:** April 2016 **Tab** 47 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2015e Medicare Utilization:** 131,356 **2007 Work RVU:** 0.64 **2016 Work RVU:** 0.64 **2007 NF PE RVU:** 1.97 **2016 NF PE RVU:** 1.22 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Review action plan **Referred to CPT** **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 **2015e Medicare Utilization:** 195,363 **2007 Work RVU:** 0.69 **2016 Work RVU:** 0.69 **2007 NF PE RVU:** 2.52 **2016 NF PE RVU:** 1.94 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.69 **Referred to CPT** **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 **2015e Medicare Utilization:** **2007 Work RVU:** 0.59 **2016 Work RVU:** **2007 NF PE RVU:** 1.97 **2016 NF PE RVU:** **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76881</b>	<b>Ultrasound, extremity, nonvascular, real-time with image documentation; complete</b>		<b>Global:</b> XXX	<b>Issue:</b> Ultrasound of Extremity	<b>Screen:</b> CMS Fastest Growing / New Technology/New Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> AAPMR, APMA, ACR	<b>First Identified:</b> April 2010	<b>2015e Medicare Utilization:</b> 186,070	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 0.63 <b>2016 NF PE RVU:</b> 2.59 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT Assistant. 0.72			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Clinical Examples of Radiology Winter 2011; Apr 2016	<b>Result:</b> Decrease	
<hr/>						
<b>76882</b>	<b>Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific</b>		<b>Global:</b> XXX	<b>Issue:</b> Ultrasound of Extremity	<b>Screen:</b> CMS Fastest Growing / New Technology/New Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> AAPMR, APMA, ACR	<b>First Identified:</b> April 2010	<b>2015e Medicare Utilization:</b> 237,446	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 0.49 <b>2016 NF PE RVU:</b> 0.49 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT Assistant. 0.50			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Clinical Examples of Radiology Summer and Winter 2011; Apr 2016	<b>Result:</b> Decrease	
<hr/>						
<b>76930</b>	<b>Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation</b>		<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> July 2013	<b>2015e Medicare Utilization:</b> 2,025	<b>2007 Work RVU:</b> 0.67 <b>2007 NF PE RVU:</b> 1.85 <b>2007 Fac PE RVU:</b> NA	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.67			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>						

## Status Report: CMS Requests and Relativity Assessment Issues

<b>76932</b>	<b>Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation</b>	<b>Global:</b> YYY	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> July 2013	<b>2015e Medicare Utilization:</b> 1,219	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.67		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76936</b>	<b>Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2013	<b>2015e Medicare Utilization:</b> 1,051	<b>2007 Work RVU:</b> 1.99 <b>2007 NF PE RVU:</b> 6.67 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 1.99 <b>2016 NF PE RVU:</b> 5.41 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76940</b>	<b>Ultrasound guidance for, and monitoring of, parenchymal tissue ablation</b>	<b>Global:</b> YYY	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> ACS, ACR, SIR	<b>First Identified:</b> July 2013	<b>2015e Medicare Utilization:</b> 1,345	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>76942</b>	<b>Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Guidance for Needle Placement	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 1,151,429	<b>2007 Work RVU:</b> 0.67 <b>2007 NF PE RVU:</b> 3.43 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.67 <b>2016 NF PE RVU:</b> 1.01 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review utilization at the RAW. 0.67			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>76948</b>	<b>Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Echo Guidance for Ova Aspiration	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> July 2013	<b>2015e Medicare Utilization:</b> 6	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.34 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.67 <b>2016 NF PE RVU:</b> 1.37 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.85			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>76950</b>	<b>Ultrasonic guidance for placement of radiation therapy fields</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 1.43 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76965</b>	<b>Ultrasonic guidance for interstitial radioelement application</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> NO INTERESET	<b>First Identified:</b> July 2013	<b>2015e Medicare Utilization:</b> 5,918	<b>2007 Work RVU:</b> 1.34 <b>2007 NF PE RVU:</b> 4.8 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>76970</b>	<b>Ultrasound study follow-up (specify)</b>	<b>Global:</b> XXX	<b>Issue:</b> IMRT with Ultrasound Guidance	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> ACS, ACR, AACE	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 24,351	<b>2007 Work RVU:</b> 0.40 <b>2007 NF PE RVU:</b> 1.41 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> Remove from screen - RUC articulated concerns regarding claims reporting to CMS			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>77001</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Fluoroscopic Guidance	<b>Screen:</b> MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 422,577	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.73 <b>2007 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.38			<b>Referred to CPT</b> October 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>Result:</b> Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**77002** Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) **Global:** XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 13

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** January 2012

**2015e Medicare Utilization:** 427,450

**2007 Work RVU:** 0.54

**2016 Work RVU:** 0.54

**2007 NF PE RVU:** 1.4

**2016 NF PE RVU:** 2.03

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.54

**Referred to CPT** October 2015

**Result:** Maintain

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

**77003** Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)

**Global:** XXX **Issue:** Fluoroscopic Guidance

**Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 13

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** October 2010

**2015e Medicare Utilization:** 381,466

**2007 Work RVU:** 0.60

**2016 Work RVU:** 0.60

**2007 NF PE RVU:** 1.28

**2016 NF PE RVU:** 1.79

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.60

**Referred to CPT** October 2015

**Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>77011</b>	Computed tomography guidance for stereotactic localization			<b>Global:</b> XXX	<b>Issue:</b> IMRT with CT Guidance	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ASTRO, ACRO	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 4,742	<b>2007 Work RVU:</b> 1.21	<b>2016 Work RVU:</b> 1.21	
					<b>2007 NF PE RVU:</b> 11.38	<b>2016 NF PE RVU:</b> 4.98	
					<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>		<b>Result:</b> PE Only		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

<b>77012</b>	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation			<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 195,309	<b>2007 Work RVU:</b> 1.16	<b>2016 Work RVU:</b> 1.16	
					<b>2007 NF PE RVU:</b> 7.02	<b>2016 NF PE RVU:</b> 2.26	
					<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Review action plan			<b>Referred to CPT</b>		<b>Result:</b>		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

<b>77014</b>	Computed tomography guidance for placement of radiation therapy fields			<b>Global:</b> XXX	<b>Issue:</b> IMRT with CT Guidance	<b>Screen:</b> CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> ASTRO, ACR	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 1,531,007	<b>2007 Work RVU:</b> 0.85	<b>2016 Work RVU:</b> 0.85	
					<b>2007 NF PE RVU:</b> 3.53	<b>2016 NF PE RVU:</b> 2.42	
					<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Refer to CPT. Review Sept 2018. Maintain current value			<b>Referred to CPT</b>		<b>Result:</b>		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>77031</b>	<b>Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.59 <b>2007 NF PE RVU:</b> 6.19 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>77032</b>	<b>Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.56 <b>2007 NF PE RVU:</b> 1.26 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>77051</b>	<b>Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Mammography-Computer Aided Detection Bundling	<b>Screen:</b> CMS-Other - Utilization over 250,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 1,008,952	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.38 <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> 0.06 <b>2016 NF PE RVU:</b> 0.17 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>77052</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Mammography-Computer Aided Detection Bundling	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 5,366,212	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.38 <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> 0.06 <b>2016 NF PE RVU:</b> 0.17 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>77055</b>	Mammography; unilateral	<b>Global:</b> XXX	<b>Issue:</b> Mammography-Computer Aided Detection Bundling	<b>Screen:</b> CMS-Other - Utilization over 250,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 25,232	<b>2007 Work RVU:</b> 0.70 <b>2007 NF PE RVU:</b> 1.34 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> 0.70 <b>2016 NF PE RVU:</b> 1.78 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>77056</b>	Mammography; bilateral	<b>Global:</b> XXX	<b>Issue:</b> Mammography-Computer Aided Detection Bundling	<b>Screen:</b> CMS-Other - Utilization over 250,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 20,858	<b>2007 Work RVU:</b> 0.87 <b>2007 NF PE RVU:</b> 1.68 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> 0.87 <b>2016 NF PE RVU:</b> 2.32 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**77057** Screening mammography, bilateral (2-view study of each breast)

**Global:** XXX

**Issue:** Mammography-Computer Aided Detection Bundling

**Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 20

**Specialty Developing Recommendation:** ACR

**First Identified:** January 2014

**2015e Medicare Utilization:** 145,865

**2007 Work RVU:** 0.70

**2016 Work RVU:** 0.70

**2007 NF PE RVU:** 1.43

**2016 NF PE RVU:** 1.57

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**Result:** Deleted from CPT

**77058** Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral

**Global:** XXX

**Issue:** MRI Breast

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:**

**Tab**

**Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2015e Medicare Utilization:** 2,159

**2007 Work RVU:** 1.63

**2016 Work RVU:** 1.63

**2007 NF PE RVU:** 18.76

**2016 NF PE RVU:** 13.35

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** Survey

**Referred to CPT**

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

**Result:**

**77059** Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral

**Global:** XXX

**Issue:** MRI Breast

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:**

**Tab**

**Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2015e Medicare Utilization:** 69,753

**2007 Work RVU:** 1.63

**2016 Work RVU:** 1.63

**2007 NF PE RVU:** 23.46

**2016 NF PE RVU:** 13.28

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** Survey

**Referred to CPT**

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

**Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.22

**2016 Work RVU:**

**2007 NF PE RVU:** 2.45

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**77080** Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)

**Global:** XXX

**Issue:** Dual Energy X-Ray

**Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 07

**Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

**First Identified:** September 2011

**2015e Medicare Utilization:** 2,120,741

**2007 Work RVU:** 0.20

**2016 Work RVU:** 0.20

**2007 NF PE RVU:** 2.59

**2016 NF PE RVU:** 0.94

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.20

**Referred to CPT** May 2013

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

**77082** Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment

**Global:** XXX

**Issue:** Dual Energy X-Ray

**Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 07

**Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

**First Identified:** September 2011

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.17

**2016 Work RVU:**

**2007 NF PE RVU:** 0.71

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2013

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



# Status Report: CMS Requests and Relativity Assessment Issues

<b>77083</b>	<b>Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiographic Absorptiometry	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> ACR, ACP	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.20 <b>2007 NF PE RVU:</b> 0.71 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>77085</b>	<b>Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment</b>	<b>Global:</b> XXX	<b>Issue:</b> Dual Energy X-Ray	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> AACE, ACNM, ACR, ACRh, SNMMI, TES	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 129,669	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 0.30			<b>Referred to CPT</b> May 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>77086</b>	<b>Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)</b>	<b>Global:</b> XXX	<b>Issue:</b> Dual Energy X-Ray	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> AACE, ACNM, ACR, ACRh, SNMMI, TES	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 3,821	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> May 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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# Status Report: CMS Requests and Relativity Assessment Issues

770X1

Global: XXX

Issue: Mammography-Computer Aided Detection Bundling

Screen: Final Rule for 2015

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 20

Specialty Developing  
Recommendation: ACR

First  
Identified: October 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Increase

RUC Recommendation: 0.81

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

770X2

Global: XXX

Issue: Mammography-Computer Aided Detection Bundling

Screen: Final Rule for 2015

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 20

Specialty Developing  
Recommendation: ACR

First  
Identified: October 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Increase

RUC Recommendation: 1.00

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

770X3

Global: XXX

Issue: Mammography-Computer Aided Detection Bundling

Screen: Final Rule for 2015

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 20

Specialty Developing  
Recommendation: ACR

First  
Identified: October 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Maintain

RUC Recommendation: 0.76

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

77261 Therapeutic radiology treatment planning; simple

Global: XXX

Issue: Radiation Therapy Planning

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 37

Specialty Developing  
Recommendation: ASTRO

First  
Identified: July 2015

2015e  
Medicare  
Utilization: 10,799

2007 Work RVU: 1.39

2016 Work RVU: 1.39

2007 NF PE RVU: 0.51

2016 NF PE RVU: 0.66

2007 Fac PE RVU: 0.51

2016 Fac PE RVU: 0.66

Result: Decrease

RUC Recommendation: 1.30

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**77262** Therapeutic radiology treatment planning; intermediate

**Global:** XXX

**Issue:** Radiation Therapy Planning

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab 37 Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** July 2015

**2015e  
Medicare  
Utilization:** 4,659

**2007 Work RVU:** 2.11

**2016 Work RVU:** 2.11

**2007 NF PE RVU:** 0.74

**2016 NF PE RVU:** 0.94

**2007 Fac PE RVU:** 0.74

**2016 Fac PE RVU:** 0.94

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT**

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

**77263** Therapeutic radiology treatment planning; complex

**Global:** XXX

**Issue:** Radiation Therapy Planning

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab 37 Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** July 2015

**2015e  
Medicare  
Utilization:** 267,790

**2007 Work RVU:** 3.14

**2016 Work RVU:** 3.14

**2007 NF PE RVU:** 1.1

**2016 NF PE RVU:** 1.31

**2007 Fac PE RVU:** 1.1

**2016 Fac PE RVU:** 1.31

**Result:** Maintain

**RUC Recommendation:** 3.14

**Referred to CPT**

**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

**2015e  
Medicare  
Utilization:** 308,956

**2007 Work RVU:** 0.70

**2016 Work RVU:** 0.70

**2007 NF PE RVU:** 3.89

**2016 NF PE RVU:** 6.97

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.70

**Referred to CPT** October 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:** 2,916

**2007 Work RVU:** 1.05

**2016 Work RVU:** 1.05

**2007 NF PE RVU:** 6.45

**2016 NF PE RVU:** 11.05

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.05

**Referred to CPT** October 2012

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

**77290** Therapeutic radiology simulation-aided field setting; complex

**Global:** XXX

**Issue:** Respiratory Motion Management Simulation

**Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 14

**Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2010

**2015e Medicare Utilization:** 295,009

**2007 Work RVU:** 1.56

**2016 Work RVU:** 1.56

**2007 NF PE RVU:** 8.63

**2016 NF PE RVU:** 12.88

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.56

**Referred to CPT** October 2012

**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:**

**2015e Medicare Utilization:** 16,378

**2007 Work RVU:**

**2016 Work RVU:** 2.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 11.03

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT** October 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>77295</b>	<b>3-dimensional radiotherapy plan, including dose-volume histograms</b>	<b>Global:</b> XXX	<b>Issue:</b> Surface Radionuclide High Does Rate Brachytherapy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 140,861	<b>2007 Work RVU:</b> 4.56 <b>2007 NF PE RVU:</b> 23.92 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 4.29 <b>2016 NF PE RVU:</b> 9.31 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 4.29		<b>Referred to CPT</b> October 2012, October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>77300</b>	<b>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</b>	<b>Global:</b> XXX	<b>Issue:</b> Surface Radionuclide High Does Rate Brachytherapy	<b>Screen:</b> MPC List / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 1,461,566	<b>2007 Work RVU:</b> 0.62 <b>2007 NF PE RVU:</b> 1.45 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.62 <b>2016 NF PE RVU:</b> 1.22 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.62		<b>Referred to CPT</b> February 2014, October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>77301</b>	<b>Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications</b>	<b>Global:</b> XXX	<b>Issue:</b> IMRT - PE Only	<b>Screen:</b> CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 105,517	<b>2007 Work RVU:</b> 7.99 <b>2007 NF PE RVU:</b> 37.25 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 7.99 <b>2016 NF PE RVU:</b> 46.51 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs. 7.99. CPT Assistant article published.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Nov 2009		

## Status Report: CMS Requests and Relativity Assessment Issues

**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** **Tab** 20 **Specialty Developing Recommendation:** ASTRO  
**RUC Meeting:** April 2014

**First Identified:** October 2010 **2015e Medicare Utilization:**

**2007 Work RVU:** 0.70 **2016 Work RVU:**  
**2007 NF PE RVU:** 1.79 **2016 NF PE RVU:**  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77306** Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

**First Identified:** October 2010 **2015e Medicare Utilization:** 3,954

**2007 Work RVU:** **2016 Work RVU:** 1.40  
**2007 NF PE RVU:** **2016 NF PE RVU:** 2.73  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.40

**Referred to CPT**  
**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** **Tab** 20 **Specialty Developing Recommendation:**  
**RUC Meeting:** April 2014

**First Identified:** October 2010 **2015e Medicare Utilization:** 54,969

**2007 Work RVU:** **2016 Work RVU:** 2.90  
**2007 NF PE RVU:** **2016 NF PE RVU:** 5.09  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 2.90

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>77310</b>	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)	<b>Global:</b> XXX	<b>Issue:</b> Isodose Calculation with Isodose Planning Bundle	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.05 <b>2007 NF PE RVU:</b> 2.32 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>77315</b>	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)	<b>Global:</b> XXX	<b>Issue:</b> Isodose Calculation with Isodose Planning Bundle	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.56 <b>2007 NF PE RVU:</b> 2.9 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>77316</b>	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	<b>Global:</b> XXX	<b>Issue:</b> Isodose Calculation with Isodose Planning Bundle	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 5,797	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.40 <b>2016 NF PE RVU:</b> 3.83 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**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

**2015e Medicare Utilization:** 2,658

**2007 Work RVU:**

**2016 Work RVU:** 1.83

**2007 NF PE RVU:**

**2016 NF PE RVU:** 4.97

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.83

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**77318** Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2015e Medicare Utilization:** 7,179

**2007 Work RVU:**

**2016 Work RVU:** 2.90

**2007 NF PE RVU:**

**2016 NF PE RVU:** 6.92

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.90

**Referred to CPT** February 2014

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**77326** Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 20

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.93

**2016 Work RVU:**

**2007 NF PE RVU:** 2.75

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**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** **Tab** 20 **Specialty Developing Recommendation:** ASTRO  
**RUC Meeting:** April 2014

**First Identified:** October 2010 **2015e Medicare Utilization:**

**2007 Work RVU:** 1.39 **2016 Work RVU:**  
**2007 NF PE RVU:** 3.97 **2016 NF PE RVU:**  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77328** Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

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

**First Identified:** October 2012 **2015e Medicare Utilization:**

**2007 Work RVU:** 2.09 **2016 Work RVU:**  
**2007 NF PE RVU:** 5.54 **2016 NF PE RVU:**  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77332** Treatment devices, design and construction; simple (simple block, simple bolus) **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 40 **Specialty Developing Recommendation:** ASTRO  
**RUC Meeting:** January 2016

**First Identified:** April 2015 **2015e Medicare Utilization:** 82,181

**2007 Work RVU:** 0.54 **2016 Work RVU:** 0.54  
**2007 NF PE RVU:** 1.53 **2016 NF PE RVU:** 1.78  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.54

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>77333</b>	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 40	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> April 2015	<b>2015e Medicare Utilization:</b> 11,125	<b>2007 Work RVU:</b> 0.84 <b>2007 NF PE RVU:</b> 1.75 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.84			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.84 <b>2016 NF PE RVU:</b> 0.61 <b>2016 Fac PE RVU:</b> NA
<hr/>					
<b>77334</b>	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> MPC List / RUC request / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 40	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 844,359	<b>2007 Work RVU:</b> 1.24 <b>2007 NF PE RVU:</b> 3.43 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.24			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.24 <b>2016 NF PE RVU:</b> 3.00 <b>2016 Fac PE RVU:</b> NA
<hr/>					
<b>77336</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Continuing Medical Physics Consultation-PE Only	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 443,365	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 2.52 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 2.17 <b>2016 Fac PE RVU:</b> NA
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>77338</b>	<b>Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan</b>	<b>Global:</b> XXX	<b>Issue:</b> IMRT - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 28</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 125,835	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 4.29 <b>2016 NF PE RVU:</b> 9.79 <b>2016 Fac PE RVU:</b> NA
<b>77371</b>	<b>Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery, Stereotactic Radiosurgery	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 30</b>	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 42	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 30.25 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00
<b>77372</b>	<b>Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 873	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 22.93 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 30.09 <b>2016 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

<b>77373</b>	<b>Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASTRO, ACRO	<b>First Identified:</b> July 2012	<b>2015e Medicare Utilization:</b> 20,176	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 42.87 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>77385</b>	<b>Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACRO, ASTRO	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only
<b>RUC Recommendation:</b> PE Only, revised introductory guidelines			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>77386</b>	<b>Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACRO, ASTRO	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only
<b>RUC Recommendation:</b> PE Only, revised introductory guidelines			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>77387</b>	<b>Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACRO, ASTRO	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.58			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

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### 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

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.00

2016 Work RVU: 0.00

2007 NF PE RVU: 2.37

2016 NF PE RVU: 0.00

2007 Fac PE RVU: NA

2016 Fac PE RVU: 0.00

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013 and February  
2014

Referred to CPT Asst ☐ Published in CPT Asst:

Result: PE Only

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### 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

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.00

2016 Work RVU:

2007 NF PE RVU: 2.27

2016 NF PE RVU:

2007 Fac PE RVU: NA

2016 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Deleted from CPT

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### 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

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.00

2016 Work RVU:

2007 NF PE RVU: 2.38

2016 NF PE RVU:

2007 Fac PE RVU: NA

2016 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**77406** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 2.38

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77407** Radiation treatment delivery, >1 MeV; intermediate

**Global:** XXX

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 2.93

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 2.87

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 3.02

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 3.01

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 3.46

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 3.46

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>77414</b>	<b>Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACRO, ASTRO	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.68 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
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<b>77416</b>	<b>Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACRO, ASTRO	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.68 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
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<b>77418</b>	<b>Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACRO, ASTRO	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 16.8 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Nov 2009 and Q&A - Mar 2010	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>



## Status Report: CMS Requests and Relativity Assessment Issues

<b>77421</b>	<b>Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> ACRO, ASTRO	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.39 <b>2007 NF PE RVU:</b> 3.11 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>77422</b>	<b>High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking</b>	<b>Global:</b> XXX	<b>Issue:</b> High Energy Neutron Radiation Treatment	<b>Screen:</b> CMS Request - Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> AAOS, ASPS, ASSH	<b>First Identified:</b> November 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 4.58 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Contractor Price
<b>RUC Recommendation:</b> Contractor Price			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>77423</b>	<b>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)</b>	<b>Global:</b> XXX	<b>Issue:</b> High Energy Neutron Radiation Treatment	<b>Screen:</b> CMS Request - Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> AAOS, ASPS, ASSH	<b>First Identified:</b> November 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.84 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Contractor Price
<b>RUC Recommendation:</b> Contractor Price			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>77427</b>	<b>Radiation treatment management, 5 treatments</b>		<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Management	<b>Screen:</b> Site of Service Anomaly / High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> September 2007	<b>2015e Medicare Utilization:</b> 1,050,568	<b>2007 Work RVU:</b> 3.70 <b>2007 NF PE RVU:</b> 1.15 <b>2007 Fac PE RVU:</b> 1.15 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 3.37 <b>2016 NF PE RVU:</b> 1.63 <b>2016 Fac PE RVU:</b> 1.63
<b>RUC Recommendation:</b> 3.45. Remove from high E/M screen.			<b>Referred to CPT</b> June 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>77470</b>	<b>Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)</b>		<b>Global:</b> XXX	<b>Issue:</b> Special Radiation Treatment	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 41	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 97,646	<b>2007 Work RVU:</b> 2.09 <b>2007 NF PE RVU:</b> 9.35 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 2.09 <b>2016 NF PE RVU:</b> 2.21 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.03			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>77600</b>	<b>Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)</b>		<b>Global:</b> XXX	<b>Issue:</b> Hyperthermia - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 2,830	<b>2007 Work RVU:</b> 1.56 <b>2007 NF PE RVU:</b> 5.09 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 1.56 <b>2016 NF PE RVU:</b> 10.20 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**77767** Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel **Global:** XXX **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

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 1.05

**2007 NF PE RVU:**

**2016 NF PE RVU:** 5.21

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 1.05

**Referred to CPT** October 2014

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

**Result:** Decrease

**77768** Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions

**Global:** XXX

**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

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 1.40

**2007 NF PE RVU:**

**2016 NF PE RVU:** 8.42

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 1.40

**Referred to CPT** October 2014

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

**Result:** Decrease

**77770** Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel

**Global:** XXX

**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

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 1.95

**2007 NF PE RVU:**

**2016 NF PE RVU:** 6.98

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 1.95

**Referred to CPT** October 2014

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels			Global: XXX	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	2015e Medicare Utilization:	2007 Work RVU:	2016 Work RVU: 3.80	
					2007 NF PE RVU:	2016 NF PE RVU: 12.83	
					2007 Fac PE RVU:	2016 Fac PE RVU: NA	
RUC Recommendation: 3.80			Referred to CPT October 2014		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels			Global: XXX	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	2015e Medicare Utilization:	2007 Work RVU:	2016 Work RVU: 5.40	
					2007 NF PE RVU:	2016 NF PE RVU: 19.97	
					2007 Fac PE RVU:	2016 Fac PE RVU: NA	
RUC Recommendation: 5.40			Referred to CPT October 2014		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
77776	Interstitial radiation source application; simple			Global: 090	Issue: Interstitial Radiation Source Codes	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 17	Specialty Developing Recommendation: ACR, ASTRO	First Identified: February 2015	2015e Medicare Utilization: 37	2007 Work RVU: 4.67	2016 Work RVU:	
					2007 NF PE RVU: 4.23	2016 NF PE RVU:	
					2007 Fac PE RVU: 4.23	2016 Fac PE RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT February 2015		Result: Deleted from CPT		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

# Status Report: CMS Requests and Relativity Assessment Issues

**77777** Interstitial radiation source application; intermediate

**Global:** 090

**Issue:** Interstitial Radiation Source Codes

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 17

**Specialty Developing Recommendation:** ACR, ASTRO

**First Identified:** February 2015

**2015e Medicare Utilization:** 46

**2007 Work RVU:** 7.49

**2016 Work RVU:**

**2007 NF PE RVU:** 6.92

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 6.92

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**Result:** Deleted from CPT

**77778** Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed

**Global:** 000

**Issue:** Interstitial Radiation Source Codes

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

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing Recommendation:** ACR, ASTRO

**First Identified:** October 2012

**2015e Medicare Utilization:** 4,852

**2007 Work RVU:** 11.23

**2016 Work RVU:** 8.00

**2007 NF PE RVU:** 9.38

**2016 NF PE RVU:** 13.55

**2007 Fac PE RVU:** 9.38

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 8.78

**Referred to CPT** February 2015

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

**Result:** Decrease

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.21

**2016 Work RVU:**

**2007 NF PE RVU:** 16.73

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

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

**Result:** Deleted from CPT

## 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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 2.04

**2016 Work RVU:**

**2007 NF PE RVU:** 18.94

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 5.15

**2016 Work RVU:**

**2007 NF PE RVU:** 28.04

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

**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:**

**2015e  
Medicare  
Utilization:** 21,573

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

**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:	2015e Medicare Utilization: 29,196	2007 Work RVU:	2016 Work RVU:
2007 NF PE RVU:						2007 Fac PE RVU:	2016 NF PE RVU:
2016 Fac PE RVU:						Result: Deleted from CPT	
RUC Recommendation:	Deleted from CPT		Referred to CPT	October 2014	Referred to CPT Asst	<input type="checkbox"/>	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	2015e Medicare Utilization: 6,370	2007 Work RVU:	2016 Work RVU:
2007 NF PE RVU:						2007 Fac PE RVU:	2016 NF PE RVU:
2016 Fac PE RVU:						Result: Deleted from CPT	
RUC Recommendation:	Deleted from CPT		Referred to CPT	October 2014	Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
77790	Supervision, handling, loading of radiation source	Global: XXX	Issue: Interstitial Radiation Source Codes	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes		
Most Recent RUC Meeting:	October 2015	Tab 21	Specialty Developing Recommendation: ACR, ASTRO, SIR	First Identified: October 2012	2015e Medicare Utilization: 4,201	2007 Work RVU: 1.05	2016 Work RVU: 0.00
2007 NF PE RVU:						2007 Fac PE RVU: NA	2016 NF PE RVU: 0.41
2016 Fac PE RVU:						Result: Decrease	
RUC Recommendation:	0.00		Referred to CPT	February 2015	Referred to CPT Asst	<input type="checkbox"/>	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:

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.19

2016 Work RVU:

2007 NF PE RVU: 1.21

2016 NF PE RVU:

2007 Fac PE RVU: NA

2016 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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:

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.26

2016 Work RVU:

2007 NF PE RVU: 1.59

2016 NF PE RVU:

2007 Fac PE RVU: NA

2016 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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:

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.33

2016 Work RVU:

2007 NF PE RVU: 1.26

2016 NF PE RVU:

2007 Fac PE RVU: NA

2016 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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:

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.49

2016 Work RVU:

2007 NF PE RVU: 3.38

2016 NF PE RVU:

2007 Fac PE RVU: NA

2016 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.50

2016 Work RVU:

2007 NF PE RVU: 2.76

2016 NF PE RVU:

2007 Fac PE RVU: NA

2016 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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:

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.39

2016 Work RVU:

2007 NF PE RVU: 2.45

2016 NF PE RVU:

2007 Fac PE RVU: NA

2016 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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:

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.45

2016 Work RVU:

2007 NF PE RVU: 2.99

2016 NF PE RVU:

2007 Fac PE RVU: NA

2016 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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:

2015e  
Medicare  
Utilization: 3,277

2007 Work RVU:

2016 Work RVU: 0.19

2007 NF PE RVU:

2016 NF PE RVU: 2.08

2007 Fac PE RVU:

2016 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.19

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>78013</b>	<b>Thyroid imaging (including vascular flow, when performed);</b>	<b>Global:</b> XXX	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 2,894	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.37 <b>2016 NF PE RVU:</b> 5.12 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.37			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>78014</b>	<b>Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)</b>	<b>Global:</b> XXX	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 27,171	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.50 <b>2016 NF PE RVU:</b> 6.46 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>78070</b>	<b>Parathyroid planar imaging (including subtraction, when performed);</b>	<b>Global:</b> XXX	<b>Issue:</b> Parathyroid Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	<b>Complete?</b> No	
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 54</b>	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 15,906	<b>2007 Work RVU:</b> 0.82 <b>2007 NF PE RVU:</b> 4.21 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.80 <b>2016 NF PE RVU:</b> 7.83 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.80. Refer to CPT Assistant and review 2 years after article is published.			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article Needed	

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# Status Report: CMS Requests and Relativity Assessment Issues

78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)			Global: XXX	Issue: Parathyroid Imaging	Screen: Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	Complete? No
Most Recent RUC Meeting:	January 2016	Tab 54	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified: April 2011	2015e Medicare Utilization: 9,144	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2016 Work RVU: 1.20 2016 NF PE RVU: 9.10 2016 Fac PE RVU: NA
RUC Recommendation:	1.20. Refer to CPT Assistant and review 2 years after article is published.				Referred to CPT		
				Referred to CPT Asst	<input checked="" type="checkbox"/>	Published in CPT Asst:	Article Needed
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization			Global: XXX	Issue: Parathyroid Imaging	Screen: Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	Complete? No
Most Recent RUC Meeting:	January 2016	Tab 54	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified: April 2011	2015e Medicare Utilization: 7,015	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2016 Work RVU: 1.60 2016 NF PE RVU: 10.30 2016 Fac PE RVU: NA
RUC Recommendation:	1.60. Refer to CPT Assistant and review 2 years after article is published.				Referred to CPT		
				Referred to CPT Asst	<input checked="" type="checkbox"/>	Published in CPT Asst:	Article Needed
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	2015e Medicare Utilization:	2007 Work RVU: 0.84 2007 NF PE RVU: 4.95 2007 Fac PE RVU: NA 2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation:	Deleted from CPT				Referred to CPT	October 2010	Result: Deleted from CPT
				Referred to CPT Asst	<input type="checkbox"/>	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:** **2015e Medicare Utilization:** 62,285 **2007 Work RVU:** **2016 Work RVU:** 0.74 **2007 NF PE RVU:** **2016 NF PE RVU:** 8.82 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.74 **Referred to CPT** **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:** **2015e Medicare Utilization:** 83,409 **2007 Work RVU:** **2016 Work RVU:** 0.90 **2007 NF PE RVU:** **2016 NF PE RVU:** 12.10 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78265** Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit **Global:** XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2015e Medicare Utilization:** **2007 Work RVU:** **2016 Work RVU:** 0.98 **2007 NF PE RVU:** **2016 NF PE RVU:** 10.52 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **Result:** Not Part of RAW

**RUC Recommendation:** CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2015

**78266** Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days **Global:** XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2015e Medicare Utilization:** **2007 Work RVU:** **2016 Work RVU:** 1.08 **2007 NF PE RVU:** **2016 NF PE RVU:** 12.57 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **Result:** Not Part of RAW

**RUC Recommendation:** CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2015

# Status Report: CMS Requests and Relativity Assessment Issues

## 78278 Acute gastrointestinal blood loss imaging

Global: XXX

Issue: Acute GI Blood Loss Imaging

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent  
RUC Meeting: September 2011

Tab 34

Specialty Developing  
Recommendation: ACR, SNM, ACNM

First  
Identified: April 2011

2015e  
Medicare  
Utilization: 33,699

2007 Work RVU: 0.99

2016 Work RVU: 0.99

2007 NF PE RVU: 5.92

2016 NF PE RVU: 9.06

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.99

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 78300 Bone and/or joint imaging; limited area

Global: XXX

Issue: Bone Imaging

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 38

Specialty Developing  
Recommendation: ACNM, ACR, SNMMI

First  
Identified: July 2015

2015e  
Medicare  
Utilization: 11,933

2007 Work RVU: 0.62

2016 Work RVU: 0.62

2007 NF PE RVU: 3

2016 NF PE RVU: 4.57

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.62

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 78305 Bone and/or joint imaging; multiple areas

Global: XXX

Issue: Bone Imaging

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 38

Specialty Developing  
Recommendation: ACNM, ACR, SNMMI

First  
Identified: July 2015

2015e  
Medicare  
Utilization: 2,307

2007 Work RVU: 0.83

2016 Work RVU: 0.83

2007 NF PE RVU: 4.24

2016 NF PE RVU: 5.81

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.83

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 78306 Bone and/or joint imaging; whole body

Global: XXX

Issue: Bone Imaging

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 38

Specialty Developing  
Recommendation: ACNM, ACR, SNMMI

First  
Identified: July 2015

2015e  
Medicare  
Utilization: 286,889

2007 Work RVU: 0.86

2016 Work RVU: 0.86

2007 NF PE RVU: 4.84

2016 NF PE RVU: 6.40

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.86

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>78451</b>	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)	<b>Global:</b> XXX	<b>Issue:</b> Myocardial Perfusion Imaging	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> SNM, ACR, ASNC, ACC	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 39,513	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 1.38 <b>2016 NF PE RVU:</b> 8.42 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.40	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>78452</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Myocardial Perfusion Imaging	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> SNM, ACR, ASNC, ACC	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 1,955,985	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.62 <b>2016 NF PE RVU:</b> 11.99 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.75	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>78453</b>	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)	<b>Global:</b> XXX	<b>Issue:</b> Myocardial Perfusion Imaging	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> SNM, ACR, ASNC, ACC	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 1,574	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.00 <b>2016 NF PE RVU:</b> 7.74 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.00	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

## 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

**2015e Medicare Utilization:** 11,475

**2007 Work RVU:**

**2016 Work RVU:** 1.34

**2007 NF PE RVU:**

**2016 NF PE RVU:** 11.24

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.34

**Referred to CPT**

**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:**

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.86

**2016 Work RVU:**

**2007 NF PE RVU:** 3.1

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**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:**

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.23

**2016 Work RVU:**

**2007 NF PE RVU:** 4.81

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**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:**

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.09

**2016 Work RVU:**

**2007 NF PE RVU:** 7.03

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.46

**2016 Work RVU:**

**2007 NF PE RVU:** 12.08

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**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

**2015e Medicare Utilization:** 28,239

**2007 Work RVU:** 0.98

**2016 Work RVU:** 0.98

**2007 NF PE RVU:** 5.87

**2016 NF PE RVU:** 5.61

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.98

**Referred to CPT**

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



# Status Report: CMS Requests and Relativity Assessment Issues

<b>78478</b>	Deleted from CPT			<b>Global:</b> XXX	<b>Issue:</b> Myocardial Perfusion Imaging	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2009	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b>	SNM, ACR, ASNC, ACC	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	
<b>RUC Recommendation:</b>	Deleted from CPT				<b>Referred to CPT</b> October 2008	<b>2007 Work RVU:</b> 0.50	<b>2016 Work RVU:</b>
					<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 1.54	<b>2016 NF PE RVU:</b>
					<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b>
						<b>Result:</b> Deleted from CPT	

<b>78480</b>	Deleted from CPT			<b>Global:</b> XXX	<b>Issue:</b> Myocardial Perfusion Imaging	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2009	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b>	SNM, ACR, ASNC, ACC	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	
<b>RUC Recommendation:</b>	Deleted from CPT				<b>Referred to CPT</b> October 2008	<b>2007 Work RVU:</b> 0.30	<b>2016 Work RVU:</b>
					<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 1.51	<b>2016 NF PE RVU:</b>
					<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b>
						<b>Result:</b> Deleted from CPT	

<b>78579</b>	Pulmonary ventilation imaging (eg, aerosol or gas)			<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2011	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b>	ACR, SNM	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 1,467	
<b>RUC Recommendation:</b>	0.49				<b>Referred to CPT</b> October 2010	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 0.49
					<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 4.88
					<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
						<b>Result:</b> Decrease	

<b>78580</b>	Pulmonary perfusion imaging (eg, particulate)			<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2011	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b>	SNM, ACR	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 16,066	
<b>RUC Recommendation:</b>	0.74				<b>Referred to CPT</b> October 2010	<b>2007 Work RVU:</b> 0.74	<b>2016 Work RVU:</b> 0.74
					<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 3.97	<b>2016 NF PE RVU:</b> 6.15
					<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA
						<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

## 78582 Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging

**Global:** XXX **Issue:** Pulmonary Imaging

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

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 13 **Specialty Developing Recommendation:** ACR, SNM

**First Identified:** February 2010

**2015e Medicare Utilization:** 211,931

**2007 Work RVU:**

**2016 Work RVU:** 1.07

**2007 NF PE RVU:**

**2016 NF PE RVU:** 8.57

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.07

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.99

**2016 Work RVU:**

**2007 NF PE RVU:** 3.34

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.09

**2016 Work RVU:**

**2007 NF PE RVU:** 6.53

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.40

**2016 Work RVU:**

**2007 NF PE RVU:** 3.02

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.49

**2016 Work RVU:**

**2007 NF PE RVU:** 3.51

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.09

**2016 Work RVU:**

**2007 NF PE RVU:** 4.7

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.40

**2016 Work RVU:**

**2007 NF PE RVU:** 3.21

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.49

**2016 Work RVU:**

**2007 NF PE RVU:** 3.84

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.53

**2016 Work RVU:**

**2007 NF PE RVU:** 5.12

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.27

**2016 Work RVU:**

**2007 NF PE RVU:** 7.7

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78597 Quantitative differential pulmonary perfusion, including imaging when performed**

**Global:** XXX

**Issue:** Pulmonary Imaging

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

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 13

**Specialty Developing Recommendation:** ACR, SNM

**First Identified:** February 2010

**2015e Medicare Utilization:** 1,677

**2007 Work RVU:**

**2016 Work RVU:** 0.75

**2007 NF PE RVU:**

**2016 NF PE RVU:** 5.06

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.75

**Referred to CPT** October 2010

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

**78598 Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed**

**Global:** XXX

**Issue:** Pulmonary Imaging

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

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 13

**Specialty Developing Recommendation:** ACR, SNM

**First Identified:** February 2010

**2015e Medicare Utilization:** 3,951

**2007 Work RVU:**

**2016 Work RVU:** 0.85

**2007 NF PE RVU:**

**2016 NF PE RVU:** 7.99

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.85

**Referred to CPT** October 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>78803</b>	<b>Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CPT 2013 Utilization Review	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b> January 2016	<b>2015e Medicare Utilization:</b> 8,924	<b>2007 Work RVU:</b> 1.09 <b>2016 Work RVU:</b> 1.09 <b>2007 NF PE RVU:</b> 8.73 <b>2016 NF PE RVU:</b> 8.71 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT Assistant.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article Needed	<b>Result:</b>

<b>78815</b>	<b>Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh</b>	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 41	<b>Specialty Developing Recommendation:</b> ACR, SNM	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 502,446	<b>2007 Work RVU:</b> 0.00 <b>2016 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2016 NF PE RVU:</b> 0.00 <b>2007 Fac PE RVU:</b> 0 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Reaffirmed RUC recommendation			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

<b>79101</b>	<b>Radiopharmaceutical therapy, by intravenous administration</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiopharmaceutical Therapy	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> SNM, ACR	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 8,477	<b>2007 Work RVU:</b> 1.96 <b>2016 Work RVU:</b> 1.96 <b>2007 NF PE RVU:</b> 2.98 <b>2016 NF PE RVU:</b> 2.00 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Article published Feb 2012			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Feb 2012	<b>Result:</b> Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**85060** Blood smear, peripheral, interpretation by physician with written report

**Global:** XXX **Issue:** RAW

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** No

**Most Recent  
RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing  
Recommendation:**

**First  
Identified:** April 2016

**2015e  
Medicare  
Utilization:** 162,796

**2007 Work RVU:** 0.45

**2016 Work RVU:** 0.45

**2007 NF PE RVU:** 0.17

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 0.17

**2016 Fac PE RVU:** 0.23

**RUC Recommendation:** Review action plan

**Referred to CPT**

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

**Result:**

**85097** Bone marrow, smear interpretation

**Global:** XXX **Issue:** RAW

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** No

**Most Recent  
RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing  
Recommendation:**

**First  
Identified:** April 2016

**2015e  
Medicare  
Utilization:** 135,788

**2007 Work RVU:** 0.94

**2016 Work RVU:** 0.94

**2007 NF PE RVU:** 1.76

**2016 NF PE RVU:** 1.55

**2007 Fac PE RVU:** 0.38

**2016 Fac PE RVU:** 0.43

**RUC Recommendation:** Review action plan

**Referred to CPT**

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

**Result:**

**88104** Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation

**Global:** XXX **Issue:** Cytopathology

**Screen:** Harvard Valued -  
Utilization over 100,000 /  
Final Rule for 2015

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2015

**Tab** 36

**Specialty Developing  
Recommendation:** AUR, ASC,  
CAP

**First  
Identified:** October 2009

**2015e  
Medicare  
Utilization:** 82,309

**2007 Work RVU:** 0.56

**2016 Work RVU:** 0.56

**2007 NF PE RVU:** 0.93

**2016 NF PE RVU:** 1.56

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs. 0.56

**Referred to CPT**

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88106</b>	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AUR, ASC, CAP	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 6,293	<b>2007 Work RVU:</b> 0.56 <b>2007 NF PE RVU:</b> 1.39 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> New PE Inputs. 0.56			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2016 Work RVU:</b> 0.37					<b>2016 NF PE RVU:</b> 1.72
					<b>2016 Fac PE RVU:</b> NA
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<b>88107</b>	Deleted from CPT	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> AUR, ASC, CAP	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 1.66 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2016 Work RVU:</b>					<b>2016 NF PE RVU:</b>
					<b>2016 Fac PE RVU:</b>
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<b>88108</b>	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Concentration Technique- PE Only	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> ACR, CAP	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 272,328	<b>2007 Work RVU:</b> 0.56 <b>2007 NF PE RVU:</b> 1.27 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> New PE Inputs. 0.56			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2016 Work RVU:</b> 0.44					<b>2016 NF PE RVU:</b> 1.58
					<b>2016 Fac PE RVU:</b> NA
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>88112</b> Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal				<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Concentration Technique- PE Only	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b>	ACR, CAP	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 953,791	<b>2007 Work RVU:</b> 1.18 <b>2007 NF PE RVU:</b> 1.85 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.56 <b>2016 NF PE RVU:</b> 1.44 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs. 0.56				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
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<b>88120</b> Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual				<b>Global:</b> XXX	<b>Issue:</b> RAW review	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> November 2012	<b>2015e Medicare Utilization:</b> 68,635	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b>	<b>2016 Work RVU:</b> 1.20 <b>2016 NF PE RVU:</b> 16.61 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<hr/>							
<b>88121</b> Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology				<b>Global:</b> XXX	<b>Issue:</b> RAW review	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> November 2012	<b>2015e Medicare Utilization:</b> 43,537	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b>	<b>2016 Work RVU:</b> 1.00 <b>2016 NF PE RVU:</b> 14.55 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>88160</b>	<b>Cytopathology, smears, any other source; screening and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Concentration Technique - PE Only	<b>Screen:</b> CMS Request - Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2015	<b>2015e Medicare Utilization:</b> 8,987	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 0.85 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.50 <b>2016 NF PE RVU:</b> 1.52 <b>2016 Fac PE RVU:</b> NA

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<b>88161</b>	<b>Cytopathology, smears, any other source; preparation, screening and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Concentration Technique - PE Only	<b>Screen:</b> CMS Request - Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2015	<b>2015e Medicare Utilization:</b> 5,902	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 0.99 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.50 <b>2016 NF PE RVU:</b> 1.31 <b>2016 Fac PE RVU:</b> NA

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<b>88162</b>	<b>Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains</b>	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Concentration Technique - PE Only	<b>Screen:</b> CMS Request - Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2015	<b>2015e Medicare Utilization:</b> 3,422	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 1.05 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.76 <b>2016 NF PE RVU:</b> 2.15 <b>2016 Fac PE RVU:</b> NA

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## Status Report: CMS Requests and Relativity Assessment Issues

**88184** Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker

**Global:** XXX

**Issue:** Flow Cytometry Interpretation

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 42

**Specialty Developing Recommendation:** CAP

**First Identified:** July 2015

**2015e Medicare Utilization:** 88,136

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 1.6

**2016 NF PE RVU:** 2.12

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88185** Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)

**Global:** ZZZ

**Issue:** Flow Cytometry Interpretation

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 42

**Specialty Developing Recommendation:** CAP

**First Identified:** July 2015

**2015e Medicare Utilization:** 1,772,952

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 0.85

**2016 NF PE RVU:** 1.29

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88187** Flow cytometry, interpretation; 2 to 8 markers

**Global:** XXX

**Issue:** Flow Cytometry Interpretation

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 42

**Specialty Developing Recommendation:** CAP

**First Identified:** July 2015

**2015e Medicare Utilization:** 37,437

**2007 Work RVU:** 1.36

**2016 Work RVU:** 1.36

**2007 NF PE RVU:** 0.44

**2016 NF PE RVU:** 0.61

**2007 Fac PE RVU:** 0.44

**2016 Fac PE RVU:** 0.61

**Result:** Decrease

**RUC Recommendation:** 0.74

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

### 88188 Flow cytometry, interpretation; 9 to 15 markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 42

Specialty Developing Recommendation: CAP

First Identified: July 2015

2015e Medicare Utilization: 29,573

2007 Work RVU: 1.69

2016 Work RVU: 1.69

2007 NF PE RVU: 0.54

2016 NF PE RVU: 0.81

2007 Fac PE RVU: 0.54

2016 Fac PE RVU: 0.81

Result: Decrease

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 88189 Flow cytometry, interpretation; 16 or more markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 42

Specialty Developing Recommendation: CAP

First Identified: July 2015

2015e Medicare Utilization: 184,556

2007 Work RVU: 2.23

2016 Work RVU: 2.23

2007 NF PE RVU: 0.68

2016 NF PE RVU: 0.86

2007 Fac PE RVU: 0.68

2016 Fac PE RVU: 0.86

Result: Decrease

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 88300 Level I - Surgical pathology, gross examination only

Global: XXX

Issue: Pathology Consultations

Screen: Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: January 2012

Tab 24

Specialty Developing Recommendation: AAD, AGA, CAP, ASGE

First Identified: February 2009

2015e Medicare Utilization: 216,878

2007 Work RVU: 0.08

2016 Work RVU: 0.08

2007 NF PE RVU: 0.49

2016 NF PE RVU: 0.33

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**88302** Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization

**Global:** XXX **Issue:** Pathology Consultations

**Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 24

**Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

**First Identified:** February 2009

**2015e Medicare Utilization:** 87,655

**2007 Work RVU:** 0.13

**2016 Work RVU:** 0.13

**2007 NF PE RVU:** 1.1

**2016 NF PE RVU:** 0.77

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.13 and new PE inputs

**Referred to CPT**

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

**88304** Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity

**Global:** XXX **Issue:** Pathology Consultations

**Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 24

**Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

**First Identified:** October 2008

**2015e Medicare Utilization:** 1,016,830

**2007 Work RVU:** 0.22

**2016 Work RVU:** 0.22

**2007 NF PE RVU:** 1.37

**2016 NF PE RVU:** 1.05

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.22 and new PE inputs

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

88305	<b>Level IV - Surgical pathology, gross and microscopic examination</b> Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy	Global: XXX	Issue: Pathology Consultations	Screen: Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012	Complete? Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 24 Specialty Developing Recommendation:</b> AAD, AGA, CAP, ASGE	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 16,521,639	<b>2007 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.75 <b>2016 NF PE RVU:</b> 1.29 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.75 and new PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88307</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Pathology Consultations	<b>Screen:</b> Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> AAD, AGA, CAP, ASGE	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 916,697	<b>2007 Work RVU:</b> 1.59 <b>2007 NF PE RVU:</b> 3.48 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.59 and new PE inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>88309</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Pathology Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> AAD, AGA, CAP, ASGE	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 150,486	<b>2007 Work RVU:</b> 2.80 <b>2007 NF PE RVU:</b> 4.86 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.80 and new PE inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88312</b>	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	<b>Global:</b> XXX	<b>Issue:</b> Special Stains	<b>Screen:</b> Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 1,433,245	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 1.76 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.54 <b>2016 NF PE RVU:</b> 2.20 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.54		<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88313</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Special Stains	<b>Screen:</b> Havard Valued - Utilization over 1 Million / Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 1,505,831	<b>2007 Work RVU:</b> 0.24 <b>2007 NF PE RVU:</b> 1.42 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.24 <b>2016 NF PE RVU:</b> 1.67 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.24		<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88314</b>	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	<b>Global:</b> XXX	<b>Issue:</b> Special Stains	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 19,430	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 2.04 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.45 <b>2016 NF PE RVU:</b> 1.71 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.45		<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>88318</b>	Deleted from CPT			<b>Global:</b> XXX	<b>Issue:</b> Special Stains	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b>	CAP, AAD	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.42 <b>2007 NF PE RVU:</b> 1.98 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b>	Deleted from CPT				<b>Referred to CPT</b>	June 2010	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
					<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>88319</b>	Special stain including interpretation and report; Group III, for enzyme constituents			<b>Global:</b> XXX	<b>Issue:</b> Special Stains	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2011	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b>	CAP	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 14,968	<b>2007 Work RVU:</b> 0.53 <b>2007 NF PE RVU:</b> 3.36 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b>	0.53				<b>Referred to CPT</b>	June 2010	<b>2016 Work RVU:</b> 0.53 <b>2016 NF PE RVU:</b> 1.94 <b>2016 Fac PE RVU:</b> NA
					<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>88321</b>	Consultation and report on referred slides prepared elsewhere			<b>Global:</b> XXX	<b>Issue:</b> Microslide Consultation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	January 2016	<b>Tab</b> 43	<b>Specialty Developing Recommendation:</b>	CAP, ASC	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 180,742	<b>2007 Work RVU:</b> 1.63 <b>2007 NF PE RVU:</b> 0.78 <b>2007 Fac PE RVU:</b> 0.54 <b>Result:</b> Maintain
<b>RUC Recommendation:</b>	1.63				<b>Referred to CPT</b>		<b>2016 Work RVU:</b> 1.63 <b>2016 NF PE RVU:</b> 1.18 <b>2016 Fac PE RVU:</b> 0.74
					<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>88323</b>	Consultation and report on referred material requiring preparation of slides			<b>Global:</b> XXX	<b>Issue:</b> Microslide Consultation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	January 2016	<b>Tab</b> 43	<b>Specialty Developing Recommendation:</b>	CAP, ASC	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 34,046	<b>2007 Work RVU:</b> 1.83 <b>2007 NF PE RVU:</b> 1.88 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b>	1.83				<b>Referred to CPT</b>		<b>2016 Work RVU:</b> 1.83 <b>2016 NF PE RVU:</b> 2.06 <b>2016 Fac PE RVU:</b> NA
					<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>



# Status Report: CMS Requests and Relativity Assessment Issues

**88325** Consultation, comprehensive, with review of records and specimens, with report on referred material **Global:** XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 43** **Specialty Developing Recommendation:** CAP, ASC

**First Identified:** July 2015

**2015e Medicare Utilization:** 7,989

**2007 Work RVU:** 2.50

**2016 Work RVU:** 2.50

**2007 NF PE RVU:** 2.76

**2016 NF PE RVU:** 2.26

**2007 Fac PE RVU:** 0.87

**2016 Fac PE RVU:** 1.24

**Result:** Increase

**RUC Recommendation:** 2.85

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88329** Pathology consultation during surgery;

**Global:** XXX

**Issue:** Pathology Consultation During Surgery

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

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 18** **Specialty Developing Recommendation:** CAP

**First Identified:** February 2010

**2015e Medicare Utilization:** 30,968

**2007 Work RVU:** 0.67

**2016 Work RVU:** 0.67

**2007 NF PE RVU:** 0.66

**2016 NF PE RVU:** 0.71

**2007 Fac PE RVU:** 0.27

**2016 Fac PE RVU:** 0.35

**Result:** Maintain

**RUC Recommendation:** 0.67

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88331** Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

**Global:** XXX

**Issue:** Pathology Consultation During Surgery

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

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 18** **Specialty Developing Recommendation:** CAP

**First Identified:** October 2009

**2015e Medicare Utilization:** 517,730

**2007 Work RVU:** 1.19

**2016 Work RVU:** 1.19

**2007 NF PE RVU:** 1.14

**2016 NF PE RVU:** 1.48

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.19

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88332** Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)

**Global:** XXX

**Issue:** Pathology Consultation During Surgery

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

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 18** **Specialty Developing Recommendation:** CAP

**First Identified:** October 2009

**2015e Medicare Utilization:** 181,460

**2007 Work RVU:** 0.59

**2016 Work RVU:** 0.59

**2007 NF PE RVU:** 0.46

**2016 NF PE RVU:** 0.82

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.59

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**88333** Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 39** **Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2015

**2015e Medicare Utilization:** 60,873

**2007 Work RVU:** 1.20

**2016 Work RVU:** 1.20

**2007 NF PE RVU:** 1.15

**2016 NF PE RVU:** 1.60

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.20

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88334** Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)

**Global:** XXX

**Issue:** Pathology Consultation During Surgery

**Screen:** CMS Request - Final Rule for 2016

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 39** **Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2015

**2015e Medicare Utilization:** 27,966

**2007 Work RVU:** 0.73

**2016 Work RVU:** 0.73

**2007 NF PE RVU:** 0.65

**2016 NF PE RVU:** 0.98

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.73

**Referred to CPT**

**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

**2015e Medicare Utilization:** 2,461,468

**2007 Work RVU:**

**2016 Work RVU:** 0.53

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.99

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.65

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88342</b>	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 1,717,274	<b>2007 Work RVU:</b> 0.85 <b>2007 NF PE RVU:</b> 1.6 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.70 <b>2016 NF PE RVU:</b> 2.27 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.70		<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88343</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> November 2013	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88344</b>	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> November 2013	<b>2015e Medicare Utilization:</b> 69,317	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.77 <b>2016 NF PE RVU:</b> 4.05 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.77		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>88346</b>	Immunofluorescence, per specimen; initial single antibody stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Immunofluorescent Studies	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> CAP, ASC	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 263,422	<b>2007 Work RVU:</b> 0.86 <b>2007 NF PE RVU:</b> 1.67 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.74 <b>2016 NF PE RVU:</b> 1.85 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.74		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>88347</b>	Immunofluorescent study, each antibody; indirect method	<b>Global:</b> XXX	<b>Issue:</b> Immunofluorescent Studies	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> CAP, ASC	<b>First Identified:</b> October 2013	<b>2015e Medicare Utilization:</b> 19,160	<b>2007 Work RVU:</b> 0.86 <b>2007 NF PE RVU:</b> 1.28 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>88348</b>	Electron microscopy, diagnostic	<b>Global:</b> XXX	<b>Issue:</b> Electron Microscopy-PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 14,759	<b>2007 Work RVU:</b> 1.51 <b>2007 NF PE RVU:</b> 11.48 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 1.51 <b>2016 NF PE RVU:</b> 8.13 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>88349</b>	Electron microscopy; scanning	<b>Global:</b> XXX	<b>Issue:</b> Electron Microscopy-PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 4.88 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> Oct 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**88350** Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) **Global:** ZZZ **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 **2015e Medicare Utilization:** **2007 Work RVU:** **2016 Work RVU:** 0.56 **2007 NF PE RVU:** **2016 NF PE RVU:** 1.45 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.70 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88356** Morphometric analysis; nerve **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2015e Medicare Utilization:** 15,021 **2007 Work RVU:** 3.02 **2016 Work RVU:** 2.80 **2007 NF PE RVU:** 4.79 **2016 NF PE RVU:** 2.92 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 2.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88360** Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual **Global:** XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2015e Medicare Utilization:** 325,678 **2007 Work RVU:** 1.10 **2016 Work RVU:** 1.10 **2007 NF PE RVU:** 1.87 **2016 NF PE RVU:** 2.27 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88361** Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology **Global:** XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2015e Medicare Utilization:** 139,562 **2007 Work RVU:** 1.18 **2016 Work RVU:** 1.18 **2007 NF PE RVU:** 2.94 **2016 NF PE RVU:** 2.95 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.95 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>88364</b>	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b> November 2013	<b>2015e Medicare Utilization:</b> 15,313	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.88			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.67 <b>2016 NF PE RVU:</b> 3.07 <b>2016 Fac PE RVU:</b> NA
<b>88365</b>	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 35,204	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 2.32 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.88			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2011 & May 2012	<b>2016 Work RVU:</b> 0.88 <b>2016 NF PE RVU:</b> 4.07 <b>2016 Fac PE RVU:</b> NA
<b>88366</b>	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b> May 2013	<b>2015e Medicare Utilization:</b> 785	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.24			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.24 <b>2016 NF PE RVU:</b> 6.05 <b>2016 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

<b>88367</b>	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 12,738	<b>2007 Work RVU:</b> 1.30 <b>2007 NF PE RVU:</b> 4.31 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.73 <b>2016 NF PE RVU:</b> 2.25 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.86			<b>Referred to CPT</b> May 2013	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2011 & May 2012
<b>88368</b>	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 30,768	<b>2007 Work RVU:</b> 1.40 <b>2007 NF PE RVU:</b> 2.96 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.88 <b>2016 NF PE RVU:</b> 2.31 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.88			<b>Referred to CPT</b> May 2013	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2011 & May 2012
<b>88369</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 19,461	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 0.67 <b>2016 NF PE RVU:</b> 2.34 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.88			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88373</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b> November 2013	<b>2015e Medicare Utilization:</b> 11,296	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.86			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.43 <b>2016 NF PE RVU:</b> 1.66 <b>2016 Fac PE RVU:</b> NA
<b>88374</b>	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 81,524	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.04			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.93 <b>2016 NF PE RVU:</b> 8.70 <b>2016 Fac PE RVU:</b> NA
<b>88377</b>	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b> May 2013	<b>2015e Medicare Utilization:</b> 117,510	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.40			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.40 <b>2016 NF PE RVU:</b> 10.06 <b>2016 Fac PE RVU:</b> NA



## Status Report: CMS Requests and Relativity Assessment Issues

**90465** Deleted from CPT

**Global:** XXX

**Issue:** Immunization Administration

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** R

**Specialty Developing Recommendation:** AAP

**First Identified:** NA

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.17

**2016 Work RVU:**

**2007 NF PE RVU:** 0.35

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**90467** Deleted from CPT

**Global:** XXX

**Issue:** Immunization Administration

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** R

**Specialty Developing Recommendation:** AAP

**First Identified:** NA

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.17

**2016 Work RVU:**

**2007 NF PE RVU:** 0.17

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.09

**2016 Fac PE RVU:**

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**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

**2015e Medicare Utilization:** 350,853

**2007 Work RVU:** 0.17

**2016 Work RVU:** 0.17

**2007 NF PE RVU:** 0.35

**2016 NF PE RVU:** 0.53

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**90472** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> R	<b>Specialty Developing Recommendation:</b> AAP	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 26,183	<b>2007 Work RVU:</b> 0.15	<b>2016 Work RVU:</b> 0.15
					<b>2007 NF PE RVU:</b> 0.13	<b>2016 NF PE RVU:</b> 0.19
					<b>2007 Fac PE RVU:</b> 0.11	<b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>		<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

**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

<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> R	<b>Specialty Developing Recommendation:</b> AAP	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 13	<b>2007 Work RVU:</b> 0.17	<b>2016 Work RVU:</b> 0.17
					<b>2007 NF PE RVU:</b> 0.18	<b>2016 NF PE RVU:</b> 0.53
					<b>2007 Fac PE RVU:</b> 0.06	<b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>		<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

**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

<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> R	<b>Specialty Developing Recommendation:</b> AAP	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.15	<b>2016 Work RVU:</b> 0.15
					<b>2007 NF PE RVU:</b> 0.09	<b>2016 NF PE RVU:</b> 0.19
					<b>2007 Fac PE RVU:</b> 0.05	<b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>		<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**90785** Interactive complexity (List separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2015e Medicare Utilization:** 297,509 **2007 Work RVU:** **2016 Work RVU:** 0.33 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.05 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.05 **Result:** Increase

**RUC Recommendation:** 0.33 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**90791** Psychiatric diagnostic evaluation **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2015e Medicare Utilization:** 885,584 **2007 Work RVU:** **2016 Work RVU:** 3.00 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.58 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.47 **Result:** Increase

**RUC Recommendation:** 3.00 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**90792** Psychiatric diagnostic evaluation with medical services **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2015e Medicare Utilization:** 552,281 **2007 Work RVU:** **2016 Work RVU:** 3.25 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.70 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.58 **Result:** Increase

**RUC Recommendation:** 3.25 **Referred to CPT** February 2012 **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 **2015e Medicare Utilization:** **2007 Work RVU:** 2.80 **2016 Work RVU:** **2007 NF PE RVU:** 1.25 **2016 NF PE RVU:** **2007 Fac PE RVU:** 0.85 **2016 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>90805</b>	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	<b>Global:</b> 000	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab** 30

**Specialty Developing Recommendation:**

**First Identified:** September 2011

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.37

**2016 Work RVU:**

**2007 NF PE RVU:** 0.53

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.38

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

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<b>90806</b>	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;	<b>Global:</b> 000	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab** 30

**Specialty Developing Recommendation:**

**First Identified:** September 2011

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.86

**2016 Work RVU:**

**2007 NF PE RVU:** 0.66

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.53

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

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<b>90808</b>	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;	<b>Global:</b> XXX	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab** 30

**Specialty Developing Recommendation:**

**First Identified:** September 2011

**2015e Medicare Utilization:**

**2007 Work RVU:** 2.79

**2016 Work RVU:**

**2007 NF PE RVU:** 0.94

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.8

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

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## 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	2015e Medicare Utilization:	2007 Work RVU: 1.89 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.63 Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:		
RUC Recommendation: Deleted from CPT				Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:				
90832	Psychotherapy, 30 minutes with patient and/or family member			Global: XXX	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes			
Most Recent RUC Meeting:	April 2012	Tab 26	Specialty Developing Recommendation:	APA, APA (HCPAC), NASW	First Identified:	April 2013	2015e Medicare Utilization:	2,240,724	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Increase	2016 Work RVU: 1.50 2016 NF PE RVU: 0.24 2016 Fac PE RVU: 0.22
RUC Recommendation: 1.50				Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:				
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)			Global: ZZZ	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes			
Most Recent RUC Meeting:	April 2012	Tab 26	Specialty Developing Recommendation:	APA, APA (HCPAC), NASW	First Identified:	April 2013	2015e Medicare Utilization:	1,305,707	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Increase	2016 Work RVU: 1.50 2016 NF PE RVU: 0.29 2016 Fac PE RVU: 0.27
RUC Recommendation: 1.50				Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:				

## Status Report: CMS Requests and Relativity Assessment Issues

**90834** Psychotherapy, 45 minutes with patient and/or family member

**Global:** XXX

**Issue:** Psychotherapy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 26

**Specialty Developing  
Recommendation:** APA, APA  
(HCPAC),  
NASW

**First  
Identified:** April 2013

**2015e  
Medicare  
Utilization:** 5,451,209

**2007 Work RVU:**

**2016 Work RVU:** 2.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.31

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.29

**Result:** Increase

**RUC Recommendation:** 2.00

**Referred to CPT** February 2012

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

**90836** Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

**Global:** ZZZ

**Issue:** Psychotherapy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 26

**Specialty Developing  
Recommendation:** APA, APA  
(HCPAC),  
NASW

**First  
Identified:** April 2013

**2015e  
Medicare  
Utilization:** 568,931

**2007 Work RVU:**

**2016 Work RVU:** 1.90

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.37

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.35

**Result:** Increase

**RUC Recommendation:** 1.90

**Referred to CPT** February 2012

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

**90837** Psychotherapy, 60 minutes with patient and/or family member

**Global:** XXX

**Issue:** Psychotherapy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 26

**Specialty Developing  
Recommendation:** APA, APA  
(HCPAC),  
NASW

**First  
Identified:** April 2013

**2015e  
Medicare  
Utilization:** 4,547,295

**2007 Work RVU:**

**2016 Work RVU:** 3.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.46

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.44

**Result:** Increase

**RUC Recommendation:** 3.00

**Referred to CPT** February 2012

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

## Status Report: CMS Requests and Relativity Assessment Issues

**90838** Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2015e Medicare Utilization:** 101,939 **2007 Work RVU:** **2016 Work RVU:** 2.50 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.49 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.47 **RUC Recommendation:** 2.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**90839** Psychotherapy for crisis; first 60 minutes **Global:** XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2015e Medicare Utilization:** 14,812 **2007 Work RVU:** **2016 Work RVU:** 3.13 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.49 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.46 **RUC Recommendation:** 3.13 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**90840** Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service) **Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2015e Medicare Utilization:** 4,483 **2007 Work RVU:** **2016 Work RVU:** 1.50 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.23 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.22 **RUC Recommendation:** 1.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

## 90845 Psychoanalysis

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: October 2011

Tab

Specialty Developing  
Recommendation:

First  
Identified: April 2013

2015e  
Medicare  
Utilization: 4,996

2007 Work RVU: 1.79

2016 Work RVU: 2.10

2007 NF PE RVU: 0.53

2016 NF PE RVU: 0.39

2007 Fac PE RVU: 0.49

2016 Fac PE RVU: 0.38

Result: Increase

RUC Recommendation: 2.10

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 90846 Family psychotherapy (without the patient present)

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2015e  
Medicare  
Utilization: 23,601

2007 Work RVU: 1.83

2016 Work RVU: 2.40

2007 NF PE RVU: 0.62

2016 NF PE RVU: 0.40

2007 Fac PE RVU: 0.6

2016 Fac PE RVU: 0.38

Result: Increase

RUC Recommendation: 2.40

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

## 90847 Family psychotherapy (conjoint psychotherapy) (with patient present)

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2015e  
Medicare  
Utilization: 193,881

2007 Work RVU: 2.21

2016 Work RVU: 2.50

2007 NF PE RVU: 0.8

2016 NF PE RVU: 0.40

2007 Fac PE RVU: 0.69

2016 Fac PE RVU: 0.38

Result: Increase

RUC Recommendation: 2.50

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

## 90853 Group psychotherapy (other than of a multiple-family group)

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2015e  
Medicare  
Utilization: 991,904

2007 Work RVU: 0.59

2016 Work RVU: 0.59

2007 NF PE RVU: 0.26

2016 NF PE RVU: 0.11

2007 Fac PE RVU: 0.22

2016 Fac PE RVU: 0.10

Result: Maintain

RUC Recommendation: 0.59

Referred to CPT February 2012

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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.95

**2016 Work RVU:**

**2007 NF PE RVU:** 0.46

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.31

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**90863** Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)

**Global:** XXX

**Issue:** Pharmacologic Management with Psychotherapy

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 40

**Specialty Developing Recommendation:** APA (HCPAC)

**First Identified:** April 2013

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.00

**Result:** Increase

**RUC Recommendation:** 0.48

**Referred to CPT** February 2012

**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

**2015e Medicare Utilization:** 139,471

**2007 Work RVU:** 1.88

**2016 Work RVU:** 2.50

**2007 NF PE RVU:** 1.93

**2016 NF PE RVU:** 2.39

**2007 Fac PE RVU:** 0.54

**2016 Fac PE RVU:** 0.52

**Result:** Increase

**RUC Recommendation:** 2.50

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>90935</b>	<b>Hemodialysis procedure with single evaluation by a physician or other qualified health care professional</b>	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>	RPA
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<b>First Identified:</b> October 2008
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<b>2015e Medicare Utilization:</b> 1,186,169
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<b>2007 Work RVU:</b> 1.22	<b>2016 Work RVU:</b> 1.48
<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
<b>2007 Fac PE RVU:</b> 0.64	<b>2016 Fac PE RVU:</b> 0.48
<b>Result:</b> Increase	

**RUC Recommendation:** 1.48

<b>Referred to CPT</b>
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

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<b>90937</b>	<b>Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription</b>	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>	RPA
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<b>First Identified:</b> February 2009
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<b>2015e Medicare Utilization:</b> 59,427
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<b>2007 Work RVU:</b> 2.11	<b>2016 Work RVU:</b> 2.11
<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
<b>2007 Fac PE RVU:</b> 0.93	<b>2016 Fac PE RVU:</b> 0.70
<b>Result:</b> Maintain	

**RUC Recommendation:** 2.11

<b>Referred to CPT</b>
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

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<b>90945</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>	RPA
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<b>First Identified:</b> February 2009
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<b>2015e Medicare Utilization:</b> 151,041
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<b>2007 Work RVU:</b> 1.28	<b>2016 Work RVU:</b> 1.56
<b>2007 NF PE RVU:</b> NA	<b>2016 NF PE RVU:</b> NA
<b>2007 Fac PE RVU:</b> 0.66	<b>2016 Fac PE RVU:</b> 0.77
<b>Result:</b> Increase	

**RUC Recommendation:** 1.56

<b>Referred to CPT</b>
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>90947</b>	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	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 14,397	<b>2007 Work RVU:</b> 2.16 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.94 <b>Result:</b> Increase	<b>2016 Work RVU:</b> 2.52 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 0.83
<b>RUC Recommendation:</b> 2.52		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>90951</b>	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	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 52	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 18.46 <b>2016 NF PE RVU:</b> 6.82 <b>2016 Fac PE RVU:</b> 6.82
<b>RUC Recommendation:</b> RUC Recommended revised clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>90952</b>	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	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 13	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> RUC Recommended revised clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## 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	2015e Medicare Utilization: 3	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: PE Only	2016 Work RVU: 0.00 2016 NF PE RVU: 0.00 2016 Fac PE RVU: 0.00
RUC Recommendation: RUC Recommended revised clinical staff time		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 587	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: PE Only	2016 Work RVU: 15.98 2016 NF PE RVU: 6.01 2016 Fac PE RVU: 6.01
RUC Recommendation: RUC Recommended revised clinical staff time		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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	2015e Medicare Utilization: 135	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: PE Only	2016 Work RVU: 8.79 2016 NF PE RVU: 3.57 2016 Fac PE RVU: 3.57
RUC Recommendation: RUC Recommended revised clinical staff time		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>90956</b>	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	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 29</b> <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 166	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 5.95 <b>2016 NF PE RVU:</b> 2.68 <b>2016 Fac PE RVU:</b> 2.68
<b>RUC Recommendation:</b> RUC Recommended revised clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>90957</b>	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	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 29</b> <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 2,176	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 12.52 <b>2016 NF PE RVU:</b> 4.90 <b>2016 Fac PE RVU:</b> 4.90
<b>RUC Recommendation:</b> RUC Recommended revised clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>90958</b>	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	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 29</b> <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 692	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 8.34 <b>2016 NF PE RVU:</b> 3.45 <b>2016 Fac PE RVU:</b> 3.45
<b>RUC Recommendation:</b> RUC Recommended revised clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>90959</b>	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	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 29 Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 491	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 5.50 <b>2016 NF PE RVU:</b> 2.52 <b>2016 Fac PE RVU:</b> 2.52
<b>RUC Recommendation:</b> RUC Recommended revised clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>90960</b>	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	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 29 Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 2,222,826	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 5.18 <b>2016 NF PE RVU:</b> 2.51 <b>2016 Fac PE RVU:</b> 2.51
<b>RUC Recommendation:</b> RUC Recommended revised physician and clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>90961</b>	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	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 29 Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 697,878	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 4.26 <b>2016 NF PE RVU:</b> 2.21 <b>2016 Fac PE RVU:</b> 2.21
<b>RUC Recommendation:</b> RUC Recommended revised physician and clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## 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	2015e Medicare Utilization: 195,607	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: PE Only	2016 Work RVU: 3.15 2016 NF PE RVU: 1.85 2016 Fac PE RVU: 1.85
RUC Recommendation: RUC Recommended revised clinical staff time		Referred to CPT Referred to CPT Asst <input type="checkbox"/> 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	2015e Medicare Utilization: 214	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: PE Only	2016 Work RVU: 10.56 2016 NF PE RVU: 4.15 2016 Fac PE RVU: 4.15
RUC Recommendation: RUC Recommended revised clinical staff time		Referred to CPT Referred to CPT Asst <input type="checkbox"/> 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	2015e Medicare Utilization: 868	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: PE Only	2016 Work RVU: 9.14 2016 NF PE RVU: 3.71 2016 Fac PE RVU: 3.71
RUC Recommendation: RUC Recommended revised clinical staff time		Referred to CPT Referred to CPT Asst <input type="checkbox"/> 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** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2015e**  
**Medicare**  
**Utilization:** 1,468

**2007 Work RVU:**

**2016 Work RVU:** 8.69

**2007 NF PE RVU:**

**2016 NF PE RVU:** 3.55

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 3.55

**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**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** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2015e**  
**Medicare**  
**Utilization:** 315,504

**2007 Work RVU:**

**2016 Work RVU:** 4.26

**2007 NF PE RVU:**

**2016 NF PE RVU:** 2.20

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 2.20

**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**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** AGA, ASGE  
**Recommendation:**

**First**  
**Identified:** February 2010

**2015e**  
**Medicare**  
**Utilization:** 3,602

**2007 Work RVU:** 1.10

**2016 Work RVU:** 1.10

**2007 NF PE RVU:** 2.36

**2016 NF PE RVU:** 11.53

**2007 Fac PE RVU:** 2.36

**2016 Fac PE RVU:** NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>91110</b>	<b>Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Gastrointestinal Tract Imaging	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 44	<b>Specialty Developing Recommendation:</b> ACG, AGA, ASGE	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 48,812	<b>2007 Work RVU:</b> 3.64 <b>2007 NF PE RVU:</b> 21.77 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.49			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>91111</b>	<b>Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Gastrointestinal Tract Imaging	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 44	<b>Specialty Developing Recommendation:</b> ACG, AGA, ASGE	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 180	<b>2007 Work RVU:</b> 1.00 <b>2007 NF PE RVU:</b> 18.65 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>91132</b>	<b>Electrogastrography, diagnostic, transcutaneous;</b>	<b>Global:</b> XXX	<b>Issue:</b> Electrogastrography	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> AGA, ACG, ASGE	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 114	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>91133</b>	<b>Electrogastrography, diagnostic, transcutaneous; with provocative testing</b>	<b>Global:</b> XXX	<b>Issue:</b> Electrogastrography	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> AGA, ACG, ASGE	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 68	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92081</b>	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)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 42 <b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 100,502	<b>2007 Work RVU:</b> 0.36 <b>2007 NF PE RVU:</b> 0.95 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.30 <b>2016 NF PE RVU:</b> 0.63 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.30	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<b>92082</b>	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)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 42 <b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 148,404	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 1.26 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.40 <b>2016 NF PE RVU:</b> 0.92 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<b>92083</b>	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)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 46 <b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 2,804,028	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 1.46 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.50 <b>2016 NF PE RVU:</b> 1.29 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**92100** Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure) **Global:** XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab** 36

**Specialty Developing Recommendation:** AAO, AOA (optometric)

**First Identified:** April 2011

**2015e Medicare Utilization:** 35,310

**2007 Work RVU:** 0.92

**2016 Work RVU:** 0.61

**2007 NF PE RVU:** 1.33

**2016 NF PE RVU:** 1.62

**2007 Fac PE RVU:** 0.35

**2016 Fac PE RVU:** 0.33

**Result:** Decrease

**RUC Recommendation:** 0.61

**Referred to CPT**

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

**92133** Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve **Global:** XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 23

**Specialty Developing Recommendation:** AAO, AOA (eye)

**First Identified:**

**2015e Medicare Utilization:** 2,472,845

**2007 Work RVU:**

**2016 Work RVU:** 0.50

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.72

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.50

**Referred to CPT** October 2009

**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

**2015e Medicare Utilization:** 5,928,963

**2007 Work RVU:**

**2016 Work RVU:** 0.50

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.75

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.50

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**92135 Deleted from CPT**

**Global:** XXX

**Issue:** Ophthalmic Diagnostic Imaging

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 31

**Specialty Developing Recommendation:** AAO, AOA

**First Identified:** October 2008

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.35

**2016 Work RVU:**

**2007 NF PE RVU:** 0.79

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

**Global:** XXX

**Issue:** Ophthalmic Biometry

**Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 36

**Specialty Developing Recommendation:** AAO

**First Identified:** October 2008

**2015e Medicare Utilization:** 1,511,860

**2007 Work RVU:** 0.54

**2016 Work RVU:** 0.54

**2007 NF PE RVU:** 1.6

**2016 NF PE RVU:** 1.99

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.54

**Referred to CPT**

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

**92140 Provocative tests for glaucoma, with interpretation and report, without tonography**

**Global:** XXX

**Issue:** Glaucoma Provacative Tests

**Screen:** Harvard Valued - Utilization over 30,000-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 41

**Specialty Developing Recommendation:** AAO, AOA (optometry)

**First Identified:** October 2015

**2015e Medicare Utilization:** 43,004

**2007 Work RVU:** 0.50

**2016 Work RVU:** 0.50

**2007 NF PE RVU:** 0.97

**2016 NF PE RVU:** 1.25

**2007 Fac PE RVU:** 0.2

**2016 Fac PE RVU:** 0.23

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2016

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92235</b>	<b>Fluorescein angiography (includes multiframe imaging) with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmoscopic Angiography	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 1,219,816	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 2.54 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.75			<b>Referred to CPT</b> October 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>92240</b>	<b>Indocyanine-green angiography (includes multiframe imaging) with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmoscopic Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> January 2015	<b>2015e Medicare Utilization:</b> 89,920	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 5.7 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.80			<b>Referred to CPT</b> October 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>92250</b>	<b>Fundus photography with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Fundus Photography	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> AAO, ASRS, AOA (optometry)	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 2,900,446	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 1.48 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

## 92270 Electro-oculography with interpretation and report

Global: XXX

Issue: Electro-oculography

Screen: High Volume Growth1 /  
High Volume Growth 3

Complete? No

Most Recent  
RUC Meeting: October 2015

Tab 21

Specialty Developing  
Recommendation: AAO-HNS

First  
Identified: February 2008

2015e  
Medicare  
Utilization: 4,320

2007 Work RVU: 0.81

2016 Work RVU: 0.81

2007 NF PE RVU: 1.5

2016 NF PE RVU: 1.73

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

RUC Recommendation: Review utilization (September 2017). Refer to CPT.  
CPT Assistant article published.

Referred to CPT February 2014

Result:

Referred to CPT Asst ☒ Published in CPT Asst: Aug 2008 and Q&A Jun 2009

## 92275 Electroretinography with interpretation and report

Global: XXX

Issue: Electroretinography

Screen: CMS High Expenditure  
Procedural Codes2

Complete? No

Most Recent  
RUC Meeting: January 2016

Tab 46

Specialty Developing  
Recommendation: AAO, ASRS,  
AOA  
(optometry)

First  
Identified: July 2015

2015e  
Medicare  
Utilization: 93,798

2007 Work RVU: 1.01

2016 Work RVU: 1.01

2007 NF PE RVU: 2.08

2016 NF PE RVU: 3.10

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

RUC Recommendation: Refer to CPT

Referred to CPT September 2016

Result:

Referred to CPT Asst ☐ Published in CPT Asst:

## 92285 External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)

Global: XXX

Issue: Ocular Photography

Screen: CMS Fastest Growing,  
Harvard Valued -  
Utilization over 100,000

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 32

Specialty Developing  
Recommendation: AAO, AOA

First  
Identified: October 2008

2015e  
Medicare  
Utilization: 343,039

2007 Work RVU: 0.20

2016 Work RVU: 0.05

2007 NF PE RVU: 0.95

2016 NF PE RVU: 0.51

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

RUC Recommendation: 0.05 and new PE inputs

Referred to CPT February 2010

Result: Decrease

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92286</b>	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	<b>Global:</b> XXX	<b>Issue:</b> Anterior Segment Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 126,900	<b>2007 Work RVU:</b> 0.66 <b>2007 NF PE RVU:</b> 2.83 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> October 2011	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2016 Work RVU:</b> 0.40 <b>2016 NF PE RVU:</b> 0.65 <b>2016 Fac PE RVU:</b> NA

<b>92287</b>	Anterior segment imaging with interpretation and report; with fluorescein angiography	<b>Global:</b> XXX	<b>Issue:</b> Anterior Segment Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 4,395	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 2.28 <b>2007 Fac PE RVU:</b> 0.31 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> CPT Assistant article published			<b>Referred to CPT</b> October 2011	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2013
					<b>2016 Work RVU:</b> 0.81 <b>2016 NF PE RVU:</b> 3.06 <b>2016 Fac PE RVU:</b> NA

<b>922X4</b>		<b>Global:</b> XXX	<b>Issue:</b> Ophthalmoscopic Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.95			<b>Referred to CPT</b> October 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92504</b>	<b>Binocular microscopy (separate diagnostic procedure)</b>			<b>Global:</b> XXX	<b>Issue:</b> Binocular Microscopy	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 43	<b>Specialty Developing Recommendation:</b>	AAO-HNS	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 222,881	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.51 <b>2007 Fac PE RVU:</b> 0.08 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.18 <b>2016 NF PE RVU:</b> 0.66 <b>2016 Fac PE RVU:</b> 0.08
<b>RUC Recommendation:</b> 0.18				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>92506</b>	<b>Evaluation of speech, language, voice, communication, and/or auditory processing</b>			<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b>	ASHA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.86 <b>2007 NF PE RVU:</b> 2.76 <b>2007 Fac PE RVU:</b> 0.36 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT.				<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>92507</b>	<b>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</b>			<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request / High Volume Growth 3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b>	ASHA	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 176,107	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 1.13 <b>2007 Fac PE RVU:</b> 0.21 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.30 <b>2016 NF PE RVU:</b> 0.88 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>92508</b>	<b>Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 28</b>	<b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 2,465	<b>2007 Work RVU:</b> 0.26 <b>2007 NF PE RVU:</b> 0.51 <b>2007 Fac PE RVU:</b> 0.11 <b>Result:</b> Decrease <b>2016 Work RVU:</b> 0.33 <b>2016 NF PE RVU:</b> 0.31 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.43 work RVU and clinical staff time removed			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>92521</b>	<b>Evaluation of speech fluency (eg, stuttering, cluttering)</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Evaluation	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 32</b>	<b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 119	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase <b>2016 Work RVU:</b> 1.75 <b>2016 NF PE RVU:</b> 1.30 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.75			<b>Referred to CPT</b> October 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>92522</b>	<b>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Evaluation	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 32</b>	<b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 2,411	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase <b>2016 Work RVU:</b> 1.50 <b>2016 NF PE RVU:</b> 1.04 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> October 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

**92523** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) **Global:** XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 32 **Specialty Developing Recommendation:** ASHA

**First Identified:** 2015e Medicare Utilization: 8,009

**2007 Work RVU:** 2016 Work RVU: 3.00  
**2007 NF PE RVU:** 2016 NF PE RVU: 2.34  
**2007 Fac PE RVU:** 2016 Fac PE RVU: NA  
**Result:** Increase

**RUC Recommendation:** 3.36

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

**92524** Behavioral and qualitative analysis of voice and resonance

**Global:** XXX **Issue:** Speech Evaluation

**Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 32 **Specialty Developing Recommendation:** ASHA

**First Identified:** 2015e Medicare Utilization: 11,163

**2007 Work RVU:** 2016 Work RVU: 1.50  
**2007 NF PE RVU:** 2016 NF PE RVU: 0.95  
**2007 Fac PE RVU:** 2016 Fac PE RVU: NA  
**Result:** Increase

**RUC Recommendation:** 1.75

**Referred to CPT** October 2012  
**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 2015e Medicare Utilization: 55,370

**2007 Work RVU:** 0.55 2016 Work RVU: 1.34  
**2007 NF PE RVU:** 1.65 2016 NF PE RVU: 1.03  
**2007 Fac PE RVU:** 0.19 2016 Fac PE RVU: NA  
**Result:** Decrease

**RUC Recommendation:** Review utilization September 2016.

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

## Status Report: CMS Requests and Relativity Assessment Issues

**92537** Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations) **Global:** XXX **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

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 0.60

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.51

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.80

**Referred to CPT** October 2014

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

**92538** Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations) **Global:** XXX **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

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 0.30

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.26

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.55

**Referred to CPT** October 2014

**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:**

**2015e Medicare Utilization:** 87,852

**2007 Work RVU:**

**2016 Work RVU:** 1.50

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.31

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.50

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92541</b>	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 14,937	<b>2007 Work RVU:</b> 0.40 <b>2007 NF PE RVU:</b> 1.05 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> February 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>92542</b>	Positional nystagmus test, minimum of 4 positions, with recording	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 30,555	<b>2007 Work RVU:</b> 0.33 <b>2007 NF PE RVU:</b> 1.16 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.48			<b>Referred to CPT</b> February 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>92543</b>	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	<b>Global:</b> XXX	<b>Issue:</b> Vestibular Caloric Irrigation	<b>Screen:</b> Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> AAA, AAN, AAO-HNS, ASHA	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 305,996	<b>2007 Work RVU:</b> 0.10 <b>2007 NF PE RVU:</b> 0.59 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92544</b>	<b>Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording</b>	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 3,682	<b>2007 Work RVU:</b> 0.26 <b>2007 NF PE RVU:</b> 0.93 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.27			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.27 <b>2016 NF PE RVU:</b> 0.18 <b>2016 Fac PE RVU:</b> NA
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<b>92545</b>	<b>Oscillating tracking test, with recording</b>	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 5,654	<b>2007 Work RVU:</b> 0.23 <b>2007 NF PE RVU:</b> 0.85 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.25			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.25 <b>2016 NF PE RVU:</b> 0.16 <b>2016 Fac PE RVU:</b> NA
<hr/>					
<b>92546</b>	<b>Sinusoidal vertical axis rotational testing</b>	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2014	<b>2015e Medicare Utilization:</b> 47,840	<b>2007 Work RVU:</b> 0.29 <b>2007 NF PE RVU:</b> 1.94 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Editorial change only			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.29 <b>2016 NF PE RVU:</b> 2.58 <b>2016 Fac PE RVU:</b> NA
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>92547</b>	<b>Use of vertical electrodes (List separately in addition to code for primary procedure)</b>			<b>Global:</b> ZZZ	<b>Issue:</b> EOG VNG	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> February 2014	<b>2015e Medicare Utilization:</b> 33,077	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.09 <b>2007 Fac PE RVU:</b> 0.09 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.17 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Editorial change only				<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>92548</b>	<b>Computerized dynamic posturography</b>			<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> February 2014	<b>2015e Medicare Utilization:</b> 35,754	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 2.1 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.50 <b>2016 NF PE RVU:</b> 2.35 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Editorial change only				<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>92550</b>	<b>Tympanometry and reflex threshold measurements</b>			<b>Global:</b> XXX	<b>Issue:</b> Bundled Audiology Tests	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b>	ASHA, AAO-HNS, AAA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 264,203	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.35 <b>2016 NF PE RVU:</b> 0.23 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.35				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>92557</b>	<b>Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)</b>			<b>Global:</b> XXX	<b>Issue:</b> Bundled Audiology Tests	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b>	ASHA, AAO-HNS, AAN	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 1,159,961	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.21 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.60 <b>2016 NF PE RVU:</b> 0.43 <b>2016 Fac PE RVU:</b> 0.29
<b>RUC Recommendation:</b> 0.60 work RVU and clinical staff time removed				<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92558</b>	<b>Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis</b>	<b>Global:</b> XXX	<b>Issue:</b> Otoacoustic Emissions Measurement	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2011

**Tab** 35 **Specialty Developing Recommendation:** ASHA

**First Identified:**

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.00

**Result:** Increase

**RUC Recommendation:** 0.17

**Referred to CPT** February 2011

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

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**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

**2015e Medicare Utilization:** 780,833

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.20

**2007 NF PE RVU:** 0.51

**2016 NF PE RVU:** 0.20

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** 0.10

**Result:** Decrease

**RUC Recommendation:** 0.20 work RVU and clinical staff time removed

**Referred to CPT** February 2009

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

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**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

**2015e Medicare Utilization:** 8,802

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.29

**2007 NF PE RVU:** 0.32

**2016 NF PE RVU:** 0.14

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** 0.13

**Result:** Decrease

**RUC Recommendation:** 0.29 work RVU and clinical staff time removed

**Referred to CPT** February 2009

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

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## Status Report: CMS Requests and Relativity Assessment Issues

**92569** Deleted from CPT

**Global:** XXX

**Issue:** Bundled Audiology Tests

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab** 22

**Specialty Developing  
Recommendation:** ASHA, AAO-  
HNS, AAN

**First  
Identified:** February 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 0.35

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

**92570** Acoustic immittance testing, includes tympanometry (impedance testing),  
acoustic reflex threshold testing, and acoustic reflex decay testing

**Global:** XXX

**Issue:** Bundled Audiology Tests

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing  
Recommendation:** ASHA, AAO-  
HNS, AAA

**First  
Identified:**

**2015e  
Medicare  
Utilization:** 50,044

**2007 Work RVU:**

**2016 Work RVU:** 0.55

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.33

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.27

**Result:** Decrease

**RUC Recommendation:** 0.55

**Referred to CPT**

**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

**2015e  
Medicare  
Utilization:** 79,484

**2007 Work RVU:** 0.13

**2016 Work RVU:** 0.35

**2007 NF PE RVU:** 1.19

**2016 NF PE RVU:** 0.24

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.45

**Referred to CPT** October 2010

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



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92588</b>	<b>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</b>	<b>Global:</b> XXX	<b>Issue:</b> Otoacoustic Emissions Measurement	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 97,773	<b>2007 Work RVU:</b> 0.36	<b>2016 Work RVU:</b> 0.55
<b>RUC Recommendation:</b> 0.60			<b>Referred to CPT</b> February 2011		<b>2007 NF PE RVU:</b> 1.48	<b>2016 NF PE RVU:</b> 0.36
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA
					<b>Result:</b> Increase	

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<b>92597</b>	<b>Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services (RUC)	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 2,700	<b>2007 Work RVU:</b> 0.86	<b>2016 Work RVU:</b> 1.26
<b>RUC Recommendation:</b> 1.48 work RVU and clinical staff time removed			<b>Referred to CPT</b>		<b>2007 NF PE RVU:</b> 1.69	<b>2016 NF PE RVU:</b> 0.71
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 0.4	<b>2016 Fac PE RVU:</b> NA
					<b>Result:</b> Decrease	

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<b>92605</b>	<b>Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</b>	<b>Global:</b> XXX	<b>Issue:</b> Eval of Rx for Non-Speech Generating Device	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00	<b>2016 Work RVU:</b> 1.75
<b>RUC Recommendation:</b> 1.75			<b>Referred to CPT</b> February 2011		<b>2007 NF PE RVU:</b> 0	<b>2016 NF PE RVU:</b> 0.79
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 0	<b>2016 Fac PE RVU:</b> 0.67
					<b>Result:</b> Increase	

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## Status Report: CMS Requests and Relativity Assessment Issues

92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes		
Most Recent RUC Meeting:	February 2010	Tab 28	Specialty Developing Recommendation: ASHA	First Identified:	2015e Medicare Utilization:	2007 Work RVU: 0.00	2016 Work RVU: 1.40
				2007 NF PE RVU: 0	2016 NF PE RVU: 0.87		
				2007 Fac PE RVU: 0	2016 Fac PE RVU: 0.54		
RUC Recommendation: 1.40 work RVU and clinical staff time removed				Referred to CPT		Result: Decrease	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes		
Most Recent RUC Meeting:	February 2010	Tab 28	Specialty Developing Recommendation: ASHA	First Identified:	2015e Medicare Utilization: 418	2007 Work RVU: 0.00	2016 Work RVU: 1.85
						2007 NF PE RVU: 3.38	2016 NF PE RVU: 1.63
						2007 Fac PE RVU: NA	2016 Fac PE RVU: NA
RUC Recommendation: 1.85 work RVU and clinical staff time removed				Referred to CPT		Result: Decrease	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes		
Most Recent RUC Meeting:	February 2010	Tab 28	Specialty Developing Recommendation: ASHA	First Identified:	2015e Medicare Utilization: 109	2007 Work RVU: 0.00	2016 Work RVU: 0.70
						2007 NF PE RVU: 0.63	2016 NF PE RVU: 0.76
						2007 Fac PE RVU: NA	2016 Fac PE RVU: NA
RUC Recommendation: 0.70 work RVU and clinical staff time removed				Referred to CPT		Result: Decrease	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

## Status Report: CMS Requests and Relativity Assessment Issues

92609	Therapeutic services for the use of speech-generating device, including programming and modification			Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete?	Yes
Most Recent RUC Meeting:	February 2010	Tab 28	Specialty Developing Recommendation:	ASHA	First Identified:	2015e Medicare Utilization: 10,535	2007 Work RVU: 0.00 2007 NF PE RVU: 1.77 2007 Fac PE RVU: NA Result: Decrease	2016 Work RVU: 1.50 2016 NF PE RVU: 1.57 2016 Fac PE RVU: NA
RUC Recommendation:	1.50 work RVU and clinical staff time removed				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
92610	Evaluation of oral and pharyngeal swallowing function			Global: XXX	Issue: Speech Language Pathology Services (RUC)	Screen: CMS Request/Speech Language Pathology Request / High Volume Growth2	Complete?	No
Most Recent RUC Meeting:	October 2013	Tab 18	Specialty Developing Recommendation:	ASHA, AAO-HNS	First Identified: NA	2015e Medicare Utilization: 11,689	2007 Work RVU: 0.00 2007 NF PE RVU: 2.98 2007 Fac PE RVU: NA Result: Decrease	2016 Work RVU: 1.30 2016 NF PE RVU: 1.05 2016 Fac PE RVU: 0.70
RUC Recommendation:	Review utilization September 2016.				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording			Global: XXX	Issue: Speech Language Pathology Services (HCPAC)	Screen: CMS Request/Speech Language Pathology Request	Complete?	Yes
Most Recent RUC Meeting:	April 2009	Tab 39	Specialty Developing Recommendation:	ASHA	First Identified: NA	2015e Medicare Utilization: 6,682	2007 Work RVU: 0.00 2007 NF PE RVU: 3.04 2007 Fac PE RVU: NA Result: Decrease	2016 Work RVU: 1.34 2016 NF PE RVU: 1.03 2016 Fac PE RVU: NA
RUC Recommendation:	1.34 work RVU and clinical staff time removed				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92618</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Eval of Rx for Non-Speech Generating Device	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2011

**Tab** 35 **Specialty Developing Recommendation:** ASHA

**First Identified:**

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 0.65

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.27

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.25

**RUC Recommendation:** 0.65

**Referred to CPT** February 2011

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

**Result:** Increase

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**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

**2015e Medicare Utilization:** 1,490

**2007 Work RVU:** 0.00

**2016 Work RVU:** 1.50

**2007 NF PE RVU:** 1.32

**2016 NF PE RVU:** 1.10

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** 0.78

**RUC Recommendation:** 1.50

**Referred to CPT**

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

**Result:** Decrease

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**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

**2015e Medicare Utilization:** 38

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.35

**2007 NF PE RVU:** 0.29

**2016 NF PE RVU:** 0.27

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** 0.18

**RUC Recommendation:** 0.35

**Referred to CPT**

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92625</b>	<b>Assessment of tinnitus (includes pitch, loudness matching, and masking)</b>	<b>Global:</b> XXX	<b>Issue:</b> Audiology Services	<b>Screen:</b> CMS Request - Audiology Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ASHA, AAO-HNS	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 6,464	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.3 <b>2007 Fac PE RVU:</b> 1.3 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.15			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>92626</b>	<b>Evaluation of auditory rehabilitation status; first hour</b>	<b>Global:</b> XXX	<b>Issue:</b> Audiology Services	<b>Screen:</b> CMS Request - Audiology Services / High Volume Growth2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> ASHA, AAO-HNS	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 22,158	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 2.11 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> Develop CPT Assistant article. Review September 2016.			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> July 2014

<b>92627</b>	<b>Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Audiology Services	<b>Screen:</b> CMS Request - Audiology Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ASHA, AAO-HNS	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 6,547	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.52 <b>2007 Fac PE RVU:</b> 0.52 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.33			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

**92640** Diagnostic analysis with programming of auditory brainstem implant, per hour      **Global:** XXX      **Issue:** Audiology Services      **Screen:** CMS Request - Audiology Services      **Complete?** Yes

**Most Recent RUC Meeting:** October 2008      **Tab** 17      **Specialty Developing Recommendation:** ASHA, AAO-HNS      **First Identified:** NA      **2015e Medicare Utilization:** 7      **2007 Work RVU:** 0.00      **2016 Work RVU:** 1.76  
**2007 NF PE RVU:** 1.4      **2016 NF PE RVU:** 1.37  
**2007 Fac PE RVU:** 1.4      **2016 Fac PE RVU:** 0.88  
**Result:** Decrease

**RUC Recommendation:** 1.76      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

**92920** Percutaneous transluminal coronary angioplasty; single major coronary artery or branch      **Global:** 000      **Issue:** Percutaneous Coronary Intervention      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** January 2012      **Tab** 10      **Specialty Developing Recommendation:** ACC      **First Identified:** October 2010      **2015e Medicare Utilization:** 24,523      **2007 Work RVU:**      **2016 Work RVU:** 10.10  
**2007 NF PE RVU:**      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:**      **2016 Fac PE RVU:** 3.42  
**Result:** Decrease

**RUC Recommendation:** 9.00      **Referred to CPT** October 2011      **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      **2015e Medicare Utilization:**      **2007 Work RVU:**      **2016 Work RVU:** 0.00  
**2007 NF PE RVU:**      **2016 NF PE RVU:** 0.00  
**2007 Fac PE RVU:**      **2016 Fac PE RVU:** 0.00  
**Result:** Decrease

**RUC Recommendation:** 4.00      **Referred to CPT** October 2011      **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      **2015e Medicare Utilization:** 1,573      **2007 Work RVU:**      **2016 Work RVU:** 11.99  
**2007 NF PE RVU:**      **2016 NF PE RVU:** NA  
**2007 Fac PE RVU:**      **2016 Fac PE RVU:** 4.06  
**Result:** Decrease

**RUC Recommendation:** 11.00      **Referred to CPT** October 2011      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92925</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 5.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>92928</b>	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 236,574	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 11.21 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.79
<b>RUC Recommendation:</b> 10.49		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>92929</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 4.44		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92933</b>	<b>Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 10,492	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 12.32			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 12.54 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.23	

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<b>92934</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00	

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<b>92937</b>	<b>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</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 20,595	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 10.49			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 11.20 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.78	

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>92938</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92941</b>	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	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 47,336	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 12.56 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.24
<b>RUC Recommendation:</b> 12.32		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92943</b>	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	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 7,506	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 12.56 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 4.24
<b>RUC Recommendation:</b> 12.32		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**92944** Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 10 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2010

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.00

**Result:** Decrease

**RUC Recommendation:** 6.00

**Referred to CPT** October 2011

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

**92960** Cardioversion, elective, electrical conversion of arrhythmia; external

**Global:** 000

**Issue:** Cardioversion

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

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 19 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2015e Medicare Utilization:** 162,720

**2007 Work RVU:** 2.25

**2016 Work RVU:** 2.25

**2007 NF PE RVU:** 5.83

**2016 NF PE RVU:** 3.41

**2007 Fac PE RVU:** 1.25

**2016 Fac PE RVU:** 1.07

**Result:** Maintain

**RUC Recommendation:** 2.25

**Referred to CPT**

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

**92973** Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** RAW

**Screen:** High Volume Growth2

**Complete?** No

**Most Recent RUC Meeting:** October 2013

**Tab** 18 **Specialty Developing Recommendation:**

**First Identified:** April 2013

**2015e Medicare Utilization:** 3,019

**2007 Work RVU:** 3.28

**2016 Work RVU:** 3.28

**2007 NF PE RVU:** NA

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:** 1.42

**2016 Fac PE RVU:** 1.11

**Result:**

**RUC Recommendation:** Review utilization September 2016.

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92980</b>	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab** 10 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2010

**2015e Medicare Utilization:**

**2007 Work RVU:** 14.82

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 6.65

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

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<b>92981</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab** 10 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2010

**2015e Medicare Utilization:**

**2007 Work RVU:** 4.16

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 1.8

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

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<b>92982</b>	Percutaneous transluminal coronary balloon angioplasty; single vessel	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab** 10 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2010

**2015e Medicare Utilization:**

**2007 Work RVU:** 10.96

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 4.97

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>92984</b>	<b>Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.97 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.28 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>92986</b>	<b>Percutaneous balloon valvuloplasty; aortic valve</b>	<b>Global:</b> 090	<b>Issue:</b> Valvuloplasty	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 3,527	<b>2007 Work RVU:</b> 22.70 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.84 <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 22.85 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 10.54
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>92995</b>	<b>Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 12.07 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.45 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>92996</b>	<b>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)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.41 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93000</b>	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Electrocardiogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAFP, ACC, ACP	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 11,698,003	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.47 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.17 <b>2016 NF PE RVU:</b> 0.29 <b>2016 Fac PE RVU:</b> NA
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<b>93005</b>	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Electrocardiogram	<b>Screen:</b> High Volume Growth1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAFP, ACC, ACP	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 436,023	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.41 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> 0.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.23 <b>2016 Fac PE RVU:</b> NA
<hr/>					
<b>93010</b>	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	<b>Global:</b> XXX	<b>Issue:</b> Electrocardiogram	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAFP, ACC, ACP	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 18,241,713	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.06 <b>2007 Fac PE RVU:</b> 0.06 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.17 <b>2016 NF PE RVU:</b> 0.06 <b>2016 Fac PE RVU:</b> 0.06
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## Status Report: CMS Requests and Relativity Assessment Issues

**93012 Deleted from CPT**

**Global:** XXX

**Issue:** External Cardiovascular Device Monitoring

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 5.55

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93014 Deleted from CPT**

**Global:** XXX

**Issue:** External Cardiovascular Device Monitoring

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.52

**2016 Work RVU:**

**2007 NF PE RVU:** 0.2

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.2

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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

**2015e Medicare Utilization:** 1,075,476

**2007 Work RVU:** 0.75

**2016 Work RVU:** 0.75

**2007 NF PE RVU:** 1.95

**2016 NF PE RVU:** 1.34

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.75. CPT Assistant published.

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2010

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93016</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 1,111,512	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.19 <b>2007 Fac PE RVU:</b> 0.19 <b>2016 Work RVU:</b> 0.45 <b>2016 NF PE RVU:</b> 0.15 <b>2016 Fac PE RVU:</b> 0.15 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.45			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>93017</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests	<b>Screen:</b> High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 92,523	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.64 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 1.09 <b>2016 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>93018</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests and Echocardiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 1,286,062	<b>2007 Work RVU:</b> 0.30 <b>2007 NF PE RVU:</b> 0.12 <b>2007 Fac PE RVU:</b> 0.12 <b>2016 Work RVU:</b> 0.30 <b>2016 NF PE RVU:</b> 0.10 <b>2016 Fac PE RVU:</b> 0.10 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.30			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2010	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93025</b>	Microvolt T-wave alternans for assessment of ventricular arrhythmias			<b>Global:</b> XXX	<b>Issue:</b> Microvolt T-Wave Assessment	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b>	ACC	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 729	<b>2007 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 6.67 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 0.75 <b>2016 NF PE RVU:</b> 3.70 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>93040</b>	Rhythm ECG, 1-3 leads; with interpretation and report			<b>Global:</b> XXX	<b>Issue:</b> Rhythm EKG	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	ACC	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 119,934	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.2 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.15 <b>2016 NF PE RVU:</b> 0.19 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.15				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>93041</b>	Rhythm ECG, 1-3 leads; tracing only without interpretation and report			<b>Global:</b> XXX	<b>Issue:</b> Rhythm EKG	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	ACC	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 12,477	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.15 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.15 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.00 (PE only)				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>93042</b>	Rhythm ECG, 1-3 leads; interpretation and report only			<b>Global:</b> XXX	<b>Issue:</b> Rhythm EKG	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	ACC, ACEP	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 517,502	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.05 <b>2007 Fac PE RVU:</b> 0.05 <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.15 <b>2016 NF PE RVU:</b> 0.04 <b>2016 Fac PE RVU:</b> 0.04
<b>RUC Recommendation:</b> 0.15				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93224</b>	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	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b>	ACC
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<b>First Identified:</b> October 2009
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<b>2015e Medicare Utilization:</b> 399,118
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<b>2007 Work RVU:</b> 0.52	<b>2016 Work RVU:</b> 0.52
<b>2007 NF PE RVU:</b> 3.29	<b>2016 NF PE RVU:</b> 2.01
<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA
<b>Result:</b> Maintain	

**RUC Recommendation:** 0.52

<b>Referred to CPT</b>	February 2010
<b>Referred to CPT Asst</b>	<input type="checkbox"/> <b>Published in CPT Asst:</b>

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<b>93225</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b>	ACC
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<b>First Identified:</b> October 2009
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<b>2015e Medicare Utilization:</b> 129,860
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<b>2007 Work RVU:</b> 0.00	<b>2016 Work RVU:</b> 0.00
<b>2007 NF PE RVU:</b> 1.2	<b>2016 NF PE RVU:</b> 0.74
<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA
<b>Result:</b> Maintain	

**RUC Recommendation:** N/A no physician work

<b>Referred to CPT</b>	February 2010
<b>Referred to CPT Asst</b>	<input type="checkbox"/> <b>Published in CPT Asst:</b>

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<b>93226</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b>	ACC
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<b>First Identified:</b> October 2009
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<b>2015e Medicare Utilization:</b> 169,429
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<b>2007 Work RVU:</b> 0.00	<b>2016 Work RVU:</b> 0.00
<b>2007 NF PE RVU:</b> 1.88	<b>2016 NF PE RVU:</b> 1.06
<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA
<b>Result:</b> Maintain	

**RUC Recommendation:** N/A no physician work

<b>Referred to CPT</b>	February 2010
<b>Referred to CPT Asst</b>	<input type="checkbox"/> <b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93227</b>	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	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 398,898	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 0.21 <b>2007 Fac PE RVU:</b> 0.21 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.52 <b>2016 NF PE RVU:</b> 0.21 <b>2016 Fac PE RVU:</b> 0.21
<b>RUC Recommendation:</b> 0.52		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93228</b>	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	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 95,718	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.52 <b>2016 NF PE RVU:</b> 0.19 <b>2016 Fac PE RVU:</b> 0.19
<b>RUC Recommendation:</b> 0.52		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93229</b>	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	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 174,271	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 20.39 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Contractor Priced		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## 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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.52

**2016 Work RVU:**

**2007 NF PE RVU:** 3.49

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93231 Deleted from CPT**

**Global:** XXX

**Issue:** External Cardiovascular  
Device Monitoring

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 1.37

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93232 Deleted from CPT**

**Global:** XXX

**Issue:** External Cardiovascular  
Device Monitoring

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 1.92

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.52

**2016 Work RVU:**

**2007 NF PE RVU:** 0.2

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.2

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93235 Deleted from CPT**

**Global:** XXX

**Issue:** External Cardiovascular  
Device Monitoring

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 0

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 0

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93237</b>	Deleted from CPT			<b>Global:</b> XXX	<b>Issue:</b> Wearable Cardiac Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b>	ACC	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b>	
<b>RUC Recommendation:</b>	Deleted from CPT				<b>Referred to CPT</b> February 2010	<b>2007 Work RVU:</b> 0.45	<b>2016 Work RVU:</b>
					<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 0.18	<b>2016 NF PE RVU:</b>
					<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> 0.18	<b>2016 Fac PE RVU:</b>
						<b>Result:</b> Deleted from CPT	
<hr/>							
<b>93268</b>	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			<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	April 2010	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b>	ACC	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 18,532	
<b>RUC Recommendation:</b>	0.52				<b>Referred to CPT</b> February 2010	<b>2007 Work RVU:</b> 0.52	<b>2016 Work RVU:</b> 0.52
					<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 7.02	<b>2016 NF PE RVU:</b> 5.21
					<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA
						<b>Result:</b> Maintain	
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<b>93270</b>	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)			<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	April 2010	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b>	ACC	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 58,404	
<b>RUC Recommendation:</b>	New PE inputs				<b>Referred to CPT</b> February 2010	<b>2007 Work RVU:</b> 0.00	<b>2016 Work RVU:</b> 0.00
					<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 1	<b>2016 NF PE RVU:</b> 0.25
					<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA
						<b>Result:</b> PE Only	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93271</b>	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	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 80,978	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 5.82 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only <b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 4.78 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>93272</b>	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	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 107,743	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 0.2 <b>2007 Fac PE RVU:</b> 0.2 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 0.52 <b>2016 NF PE RVU:</b> 0.18 <b>2016 Fac PE RVU:</b> 0.18
<b>RUC Recommendation:</b> 0.52			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>93279</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Device Programming and Evaluation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 208,729	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> <b>2016 Work RVU:</b> 0.65 <b>2016 NF PE RVU:</b> 0.72 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93280</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Device Programming and Evaluation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 1,131,184	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 0.77 <b>2016 NF PE RVU:</b> 0.82 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b>	Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>93281</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Device Programming and Evaluation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 57,744	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 0.90 <b>2016 NF PE RVU:</b> 0.98 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b>	Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>93282</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Device Programming and Evaluation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 152,263	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 0.85 <b>2016 NF PE RVU:</b> 0.88 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b>	Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93283</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Device Programming and Evaluation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 281,968	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 1.15
					<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 1.10
					<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b>	Survey		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>93284</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Device Programming and Evaluation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 285,173	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 1.25
					<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 1.23
					<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b>	Survey		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>93285</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Device Programming and Evaluation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 22,808	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 0.52
					<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 0.64
					<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b>	Survey		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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## Status Report: CMS Requests and Relativity Assessment Issues

**93286** Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system **Global:** XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015e Medicare Utilization:** 11,876 **2007 Work RVU:** **2016 Work RVU:** 0.30 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.45 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **Result:**

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

**93287** Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system **Global:** XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015e Medicare Utilization:** 9,822 **2007 Work RVU:** **2016 Work RVU:** 0.45 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.54 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **Result:**

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

**93288** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system **Global:** XXX **Issue:** Cardiac Interrogation Device Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015e Medicare Utilization:** 332,122 **2007 Work RVU:** **2016 Work RVU:** 0.43 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.58 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **Result:**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93289** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements **Global:** XXX **Issue:** Cardiac Interrogation Device Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015e Medicare Utilization:** 136,676 **2007 Work RVU:** **2016 Work RVU:** 0.92 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.88 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **RUC Recommendation:** Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

**93290** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors **Global:** XXX **Issue:** Cardiac Interrogation Device Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015e Medicare Utilization:** 124,087 **2007 Work RVU:** **2016 Work RVU:** 0.43 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.42 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **RUC Recommendation:** Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

**93291** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis **Global:** XXX **Issue:** Cardiac Interrogation Device Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015e Medicare Utilization:** 41,495 **2007 Work RVU:** **2016 Work RVU:** 0.43 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.56 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **RUC Recommendation:** Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93292** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system **Global:** XXX **Issue:** Cardiac Interrogation Device Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015e Medicare Utilization:** 1,337 **2007 Work RVU:** **2016 Work RVU:** 0.43 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.45 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **RUC Recommendation:** Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93293** Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days **Global:** XXX **Issue:** Remote Interrogation Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015e Medicare Utilization:** 255,724 **2007 Work RVU:** **2016 Work RVU:** 0.32 **2007 NF PE RVU:** **2016 NF PE RVU:** 1.16 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **RUC Recommendation:** Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93294** Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Remote Interrogation Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2015e Medicare Utilization:** 613,396 **2007 Work RVU:** **2016 Work RVU:** 0.65 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.27 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.27 **RUC Recommendation:** Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Global: XXX	Issue: Remote Interrogation Services	Screen: CMS High Expenditure Procedural Codes2	Complete?	No	
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACC, HRS	First Identified: July 2015	2015e Medicare Utilization: 432,142	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result:	2016 Work RVU: 1.29 2016 NF PE RVU: 0.52 2016 Fac PE RVU: 0.52
RUC Recommendation: Survey				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Global: XXX	Issue: Remote Interrogation Services	Screen: CMS High Expenditure Procedural Codes2	Complete?	No	
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACC, HRS	First Identified: July 2015	2015e Medicare Utilization: 776,042	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result:	2016 Work RVU: 0.00 2016 NF PE RVU: 0.72 2016 Fac PE RVU: NA
RUC Recommendation: Survey				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Global: XXX	Issue: Remote Interrogation Services	Screen: CMS High Expenditure Procedural Codes2	Complete?	No	
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACC, HRS	First Identified: July 2015	2015e Medicare Utilization: 220,690	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result:	2016 Work RVU: 0.52 2016 NF PE RVU: 0.20 2016 Fac PE RVU: 0.20
RUC Recommendation: Survey				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93298</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Remote Interrogation Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b> <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 137,695	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b>	<b>2016 Work RVU:</b> 0.52 <b>2016 NF PE RVU:</b> 0.20 <b>2016 Fac PE RVU:</b> 0.20
<b>RUC Recommendation:</b> Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>93306</b>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	<b>Global:</b> XXX	<b>Issue:</b> Transthoracic Echocardiography (TTE)	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 42 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 6,943,240	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2016 Work RVU:</b> 1.30 <b>2016 NF PE RVU:</b> 5.05 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>93307</b>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	<b>Global:</b> XXX	<b>Issue:</b> Transthoracic Echocardiography (TTE)	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 42 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 35,372	<b>2007 Work RVU:</b> 0.92 <b>2007 NF PE RVU:</b> 4.1 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.92 <b>2016 NF PE RVU:</b> 2.71 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.92		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93308</b>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	<b>Global:</b> XXX	<b>Issue:</b> Transthoracic Echocardiography (TTE)	<b>Screen:</b> CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 42	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 245,113	<b>2007 Work RVU:</b> 0.53 <b>2007 NF PE RVU:</b> 2.26 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.53			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.53 <b>2016 NF PE RVU:</b> 2.95 <b>2016 Fac PE RVU:</b> NA
<b>93320</b>	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	<b>Global:</b> ZZZ	<b>Issue:</b> Doppler Echocardiography	<b>Screen:</b> CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 333,732	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.82 <b>2007 Fac PE RVU:</b> 1.82 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.38			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.38 <b>2016 NF PE RVU:</b> 1.14 <b>2016 Fac PE RVU:</b> NA
<b>93321</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Doppler Echocardiography	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2013	<b>2015e Medicare Utilization:</b> 146,267	<b>2007 Work RVU:</b> 0.15 <b>2007 NF PE RVU:</b> 1.04 <b>2007 Fac PE RVU:</b> 1.04 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.15			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.15 <b>2016 NF PE RVU:</b> 0.61 <b>2016 Fac PE RVU:</b> NA

# 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

**2015e Medicare Utilization:** 477,805

**2007 Work RVU:** 0.07

**2016 Work RVU:** 0.07

**2007 NF PE RVU:** 2.36

**2016 NF PE RVU:** 0.65

**2007 Fac PE RVU:** 2.36

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.07

**Referred to CPT**

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

**93350** Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;

**Global:** XXX

**Issue:** Stress Echo with ECG Monitoring

**Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45 **Specialty Developing Recommendation:** ACC

**First Identified:** April 2008

**2015e Medicare Utilization:** 111,078

**2007 Work RVU:** 1.48

**2016 Work RVU:** 1.46

**2007 NF PE RVU:** 3.03

**2016 NF PE RVU:** 5.25

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.46; CPT Assistant article published

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2010

**93351** Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

**Global:** XXX

**Issue:** Stress Transthoracic Echocardiography (TTE) Complete

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:**

**Tab** **Specialty Developing Recommendation:** ACC

**First Identified:** July 2015

**2015e Medicare Utilization:** 255,957

**2007 Work RVU:**

**2016 Work RVU:** 1.75

**2007 NF PE RVU:**

**2016 NF PE RVU:** 5.79

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Survey

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93451** Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed

**Global:** 000

**Issue:** Diagnostic Cardiac Catheterization

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 28

**Specialty Developing Recommendation:** ACC

**First Identified:**

**2015e Medicare Utilization:** 37,779

**2007 Work RVU:**

**2016 Work RVU:** 2.72

**2007 NF PE RVU:**

**2016 NF PE RVU:** 18.88

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 3.02

**Referred to CPT** October 2009

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

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 5,420

**2007 Work RVU:**

**2016 Work RVU:** 4.75

**2007 NF PE RVU:**

**2016 NF PE RVU:** 19.32

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 4.32

**Referred to CPT** October 2009

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

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 3,510

**2007 Work RVU:**

**2016 Work RVU:** 6.24

**2007 NF PE RVU:**

**2016 NF PE RVU:** 24.66

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 5.98

**Referred to CPT** October 2009

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

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

**93454** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;

**Global:** 000

**Issue:** Diagnostic Cardiac Catheterization

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015e Medicare Utilization:** 97,634

**2007 Work RVU:**

**2016 Work RVU:** 4.79

**2007 NF PE RVU:**

**2016 NF PE RVU:** 19.55

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 4.95

**Referred to CPT** October 2009

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

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 25,744

**2007 Work RVU:**

**2016 Work RVU:** 5.54

**2007 NF PE RVU:**

**2016 NF PE RVU:** 22.82

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 6.15

**Referred to CPT** October 2009

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

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 14,773

**2007 Work RVU:**

**2016 Work RVU:** 6.15

**2007 NF PE RVU:**

**2016 NF PE RVU:** 24.33

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 6.00

**Referred to CPT** October 2009

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93457</b>	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			<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 3,125	<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 6.89	
					<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 27.59	
					<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 7.66			<b>Referred to CPT</b> October 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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:	2015e Medicare Utilization: 514,036	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 5.85 2016 NF PE RVU: 23.34 2016 Fac PE RVU: NA
	RUC Recommendation: 6.51			Referred to CPT October 2009	Referred to CPT Asst <input type="checkbox"/>		
					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:	2015e Medicare Utilization: 110,616	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2016 Work RVU: 6.60 2016 NF PE RVU: 25.63 2016 Fac PE RVU: NA
RUC Recommendation:	7.34			Referred to CPT Referred to CPT Asst	October 2009 <input type="checkbox"/>		
				Published in CPT Asst:			

## Status Report: CMS Requests and Relativity Assessment Issues

**93460** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

**Global:** 000

**Issue:** Diagnostic Cardiac Catheterization

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015e Medicare Utilization:** 91,234

**2007 Work RVU:**

**2016 Work RVU:** 7.35

**2007 NF PE RVU:**

**2016 NF PE RVU:** 27.17

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 7.88

**Referred to CPT** October 2009

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

**93461** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

**Global:** 000

**Issue:** Diagnostic Cardiac Catheterization

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015e Medicare Utilization:** 16,869

**2007 Work RVU:**

**2016 Work RVU:** 8.10

**2007 NF PE RVU:**

**2016 NF PE RVU:** 31.43

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 9.00

**Referred to CPT** October 2009

**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:**

**2015e Medicare Utilization:** 4,087

**2007 Work RVU:**

**2016 Work RVU:** 3.73

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.47

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 1.47

**Result:** Decrease

**RUC Recommendation:** 3.73

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93463</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2015e Medicare Utilization:** 6,754

**2007 Work RVU:**

**2016 Work RVU:** 2.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.68

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.68

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT** October 2009

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

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**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:**

**2015e Medicare Utilization:** 789

**2007 Work RVU:**

**2016 Work RVU:** 1.80

**2007 NF PE RVU:**

**2016 NF PE RVU:** 5.85

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.80

**Referred to CPT** October 2009

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

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**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 0

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93503</b>	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	<b>Global:</b> 000	<b>Issue:</b> Insertion of Catheter for Monitoring	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No	
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 95,154	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0 <b>Result:</b>	<b>2016 Work RVU:</b> 2.91 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 0.60
<b>RUC Recommendation:</b>	Survey		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>93508</b>	Deleted from CPT	<b>Global:</b> 000	<b>Issue:</b> Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b>	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b>	Deleted from CPT		<b>Referred to CPT</b>	October 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

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<b>93510</b>	Deleted from CPT	<b>Global:</b> 000	<b>Issue:</b> Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b>	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b>	Deleted from CPT		<b>Referred to CPT</b>	October 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

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## Status Report: CMS Requests and Relativity Assessment Issues

**93511 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 0

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93524 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93526 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** 0

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93528 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93529 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93541 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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



## Status Report: CMS Requests and Relativity Assessment Issues

**93542 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**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

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93544 Deleted from CPT**

**Global:** 000

**Issue:** Cardiac Catheterization

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2016 Work RVU:**

**2007 NF PE RVU:** NA

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

93545 Deleted from CPT			Global: 000	Issue: Cardiac Catheterization	Screen: Codes Reported Together 95% or More / CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 31	Specialty Developing Recommendation: ACC	First Identified: February 2008	2015e Medicare Utilization:	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU: 0 Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
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	2015e Medicare Utilization:	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: NA Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
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	2015e Medicare Utilization:	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: NA Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93563</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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<b>Most Recent</b>	<b>Tab</b> 28	<b>Specialty Developing</b>	ACC
<b>RUC Meeting:</b> April 2011		<b>Recommendation:</b>	

<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 178
<b>Referred to CPT</b> October 2009	
<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 1.11
<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 0.37
<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 0.37
<b>Result:</b> Decrease	

**RUC Recommendation:** 2.00

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<b>93564</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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<b>Most Recent</b>	<b>Tab</b> 28	<b>Specialty Developing</b>	ACC
<b>RUC Meeting:</b> April 2011		<b>Recommendation:</b>	

<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 8
<b>Referred to CPT</b> October 2009	
<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 1.13
<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 0.39
<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 0.39
<b>Result:</b> Decrease	

**RUC Recommendation:** 2.10

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<b>93565</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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<b>Most Recent</b>	<b>Tab</b> 28	<b>Specialty Developing</b>	ACC
<b>RUC Meeting:</b> April 2011		<b>Recommendation:</b>	

<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 119
<b>Referred to CPT</b> October 2009	
<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 0.86
<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 0.30
<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 0.30
<b>Result:</b> Decrease	

**RUC Recommendation:** 1.90

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93566</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 729	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.86 <b>2016 NF PE RVU:</b> 3.79 <b>2016 Fac PE RVU:</b> 0.29
<b>RUC Recommendation:</b> 0.96		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>93567</b>	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 39,998	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.97 <b>2016 NF PE RVU:</b> 2.81 <b>2016 Fac PE RVU:</b> 0.33
<b>RUC Recommendation:</b> 0.97		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>93568</b>	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 1,654	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.88 <b>2016 NF PE RVU:</b> 3.28 <b>2016 Fac PE RVU:</b> 0.30
<b>RUC Recommendation:</b> 0.98		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93613</b>	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intracardiac 3D Mapping add-on	<b>Screen:</b> CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 50,695	<b>2007 Work RVU:</b> 6.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.03 <b>Result:</b>	<b>2016 Work RVU:</b> 6.99 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 2.91
<b>RUC Recommendation:</b> Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93620</b>	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	<b>Global:</b> 000	<b>Issue:</b> Intracardiac Catheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 11,940	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 11.57		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93641</b>	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	<b>Global:</b> 000	<b>Issue:</b> Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 34,608	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 2B.		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93651</b>	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	<b>Global:</b> 000	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 16.23 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.96 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93652</b>	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	<b>Global:</b> 000	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> CMS Fastest Growing/Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 17.65 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.58 <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93653</b>	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	<b>Global:</b> 000	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2015e Medicare Utilization:</b> 29,777	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 15.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 6.11
<b>RUC Recommendation:</b> 15.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93654</b> 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	<b>Global:</b> 000	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 11 Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2015e Medicare Utilization:</b> 5,524	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease <b>2016 Work RVU:</b> 20.00 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 8.10
<b>RUC Recommendation:</b> 20.00	<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93655</b> 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)	<b>Global:</b> ZZZ	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 11 Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2015e Medicare Utilization:</b> 14,973	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease <b>2016 Work RVU:</b> 7.50 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 3.05
<b>RUC Recommendation:</b> 9.00	<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93656</b> Comprehensive electrophysiologic evaluation including transeptal 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	<b>Global:</b> 000	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 11 Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2015e Medicare Utilization:</b> 29,570	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease <b>2016 Work RVU:</b> 20.02 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 8.11
<b>RUC Recommendation:</b> 20.02	<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

**93657** Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab 11** **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** October 2011

**2015e Medicare Utilization:** 12,685

**2007 Work RVU:**

**2016 Work RVU:** 7.50

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 3.04

**Result:** Decrease

**RUC Recommendation:** 10.00

**Referred to CPT** October 2011

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

**93662** Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Electrocardiography

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab 21** **Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2015e Medicare Utilization:** 32,574

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**

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

**93701** Bioimpedance-derived physiologic cardiovascular analysis

**Global:** XXX

**Issue:**

**Screen:** Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab 41** **Specialty Developing Recommendation:**

**First Identified:** October 2010

**2015e Medicare Utilization:** 73,085

**2007 Work RVU:** 0.17

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 0.91

**2016 NF PE RVU:** 0.67

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**93731** Deleted from CPT

**Global:** XXX

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab 26** **Specialty Developing Recommendation:** ACC

**First Identified:** October 2008

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.45

**2016 Work RVU:**

**2007 NF PE RVU:** 0.7

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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



# Status Report: CMS Requests and Relativity Assessment Issues

**93732 Deleted from CPT**

**Global:** XXX **Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing** ACC  
**Recommendation:**

**First**  
**Identified:** October 2008

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

**2007 Work RVU:** 0.92

**2016 Work RVU:**

**2007 NF PE RVU:** 0.94

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93733 Deleted from CPT**

**Global:** XXX **Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing** ACC  
**Recommendation:**

**First**  
**Identified:** October 2008

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

**2007 Work RVU:** 0.17

**2016 Work RVU:**

**2007 NF PE RVU:** 0.83

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93743 Deleted from CPT**

**Global:** XXX **Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing** ACC  
**Recommendation:**

**First**  
**Identified:** October 2008

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

**2007 Work RVU:** 1.03

**2016 Work RVU:**

**2007 NF PE RVU:** 1.15

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93744 Deleted from CPT**

**Global:** XXX **Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing** ACC  
**Recommendation:**

**First**  
**Identified:** October 2008

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

**2007 Work RVU:** 1.18

**2016 Work RVU:**

**2007 NF PE RVU:** 1.19

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93875** Deleted from CPT

**Global:** XXX

**Issue:** Noninvasive Vascular Diagnostic Studies

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

**First Identified:** February 2010

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.22

**2016 Work RVU:**

**2007 NF PE RVU:** 2.38

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒

**Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

**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

**2015e Medicare Utilization:** 2,427,217

**2007 Work RVU:** 0.60

**2016 Work RVU:** 0.80

**2007 NF PE RVU:** 5.67

**2016 NF PE RVU:** 4.85

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.80

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Addressed in CPT Coding Changes

**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

**2015e Medicare Utilization:** 39,730

**2007 Work RVU:** 0.40

**2016 Work RVU:** 0.50

**2007 NF PE RVU:** 3.63

**2016 NF PE RVU:** 3.09

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93886</b>	Transcranial Doppler study of the intracranial arteries; complete study	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AAN, ACC, ACR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 84,559	<b>2007 Work RVU:</b> 0.94 <b>2007 NF PE RVU:</b> 6.77 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>93888</b>	Transcranial Doppler study of the intracranial arteries; limited study	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AAN, ACC, ACR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 14,724	<b>2007 Work RVU:</b> 0.62 <b>2007 NF PE RVU:</b> 4.36 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.70			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>93895</b>	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	<b>Global:</b> XXX	<b>Issue:</b> Carotid Intima-Media Thickness Ultrasound	<b>Screen:</b> New Code in CPT 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> April 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Not Part of RAW
<b>RUC Recommendation:</b> Rescind April 2014 recommendation, contractor price.			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

**93922** Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)

**Global:** XXX

**Issue:** Extremity Non-Invasive Arterial Physiologic Studies

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 27

**Specialty Developing Recommendation:** SVS, ACR, ACC

**First Identified:** October 2008

**2015e Medicare Utilization:** 661,515

**2007 Work RVU:** 0.25

**2016 Work RVU:** 0.25

**2007 NF PE RVU:** 2.78

**2016 NF PE RVU:** 2.23

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.25

**Referred to CPT** February 2010

**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

**2015e Medicare Utilization:** 473,846

**2007 Work RVU:** 0.45

**2016 Work RVU:** 0.45

**2007 NF PE RVU:** 4.18

**2016 NF PE RVU:** 3.40

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93924** Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study **Global:** XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 27 Specialty Developing Recommendation:** SVS, ACR, ACC

**First Identified:** February 2009

**2015e Medicare Utilization:** 83,087

**2007 Work RVU:** 0.50

**2016 Work RVU:** 0.50

**2007 NF PE RVU:** 5.05

**2016 NF PE RVU:** 4.35

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.50

**Referred to CPT** February 2010

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

**93925** Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 33 Specialty Developing Recommendation:** ACC, ACR, SVS

**First Identified:** April 2011

**2015e Medicare Utilization:** 583,476

**2007 Work RVU:** 0.58

**2016 Work RVU:** 0.80

**2007 NF PE RVU:** 7.05

**2016 NF PE RVU:** 6.50

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.80

**Referred to CPT**

**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

**2015e Medicare Utilization:** 233,772

**2007 Work RVU:** 0.39

**2016 Work RVU:** 0.50

**2007 NF PE RVU:** 4.31

**2016 NF PE RVU:** 3.77

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.60

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93930</b>	<b>Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study</b>	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AAN, ACC, ACR, SIR, SVS	<b>First Identified:</b> November 2013	<b>2015e Medicare Utilization:</b> 22,192	<b>2007 Work RVU:</b> 0.46 <b>2007 NF PE RVU:</b> 5.54 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.80			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>93931</b>	<b>Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study</b>	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AAN, ACC, ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 42,999	<b>2007 Work RVU:</b> 0.31 <b>2007 NF PE RVU:</b> 3.64 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>93965</b>	<b>Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)</b>	<b>Global:</b> XXX	<b>Issue:</b> Non-invasive Physiologic Studies of Extremity Veins	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> ACC, ACR, SCAI, SVS	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 101,450	<b>2007 Work RVU:</b> 0.35 <b>2007 NF PE RVU:</b> 2.83 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

**93970** Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study      **Global:** XXX      **Issue:** Duplex Scans      **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 33

**Specialty Developing Recommendation:** ACC, ACR, SVS

**First Identified:** April 2011

**2015e Medicare Utilization:** 1,619,651

**2007 Work RVU:** 0.68

**2016 Work RVU:** 0.70

**2007 NF PE RVU:** 5.44

**2016 NF PE RVU:** 4.81

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.70

**Referred to CPT**

**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

**2015e Medicare Utilization:** 1,649,197

**2007 Work RVU:** 0.45

**2016 Work RVU:** 0.45

**2007 NF PE RVU:** 3.67

**2016 NF PE RVU:** 2.91

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT**

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

**93975** Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study      **Global:** XXX      **Issue:** Duplex Scans      **Screen:** CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 33

**Specialty Developing Recommendation:** ACR, SVS, ACC

**First Identified:** November 2013

**2015e Medicare Utilization:** 192,742

**2007 Work RVU:** 1.80

**2016 Work RVU:** 1.16

**2007 NF PE RVU:** 7.78

**2016 NF PE RVU:** 6.74

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.30

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93976</b>	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS Fastest Growing / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 138,163	<b>2007 Work RVU:</b> 1.21 <b>2007 NF PE RVU:</b> 4.33 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.80 <b>2016 NF PE RVU:</b> 3.76 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93978</b>	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 296,958	<b>2007 Work RVU:</b> 0.65 <b>2007 NF PE RVU:</b> 4.85 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase	<b>2016 Work RVU:</b> 0.80 <b>2016 NF PE RVU:</b> 4.52 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.97		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93979</b>	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2013	<b>2015e Medicare Utilization:</b> 62,655	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 3.46 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase	<b>2016 Work RVU:</b> 0.50 <b>2016 NF PE RVU:</b> 2.83 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.70		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>93990</b>	<b>Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)</b>	<b>Global:</b> XXX	<b>Issue:</b> Doppler Flow Testing	<b>Screen:</b> CMS Fastest Growing / High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 40	<b>Specialty Developing Recommendation:</b> ACR, SVS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 108,944	<b>2007 Work RVU:</b> 0.25 <b>2016 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 4.28 <b>2016 NF PE RVU:</b> 3.99 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>94010</b>	<b>Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation</b>	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 41	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 1,256,385	<b>2007 Work RVU:</b> 0.17 <b>2016 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.69 <b>2016 NF PE RVU:</b> 0.82 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>94014</b>	<b>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</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Tests	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 205	<b>2007 Work RVU:</b> 0.52 <b>2016 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 0.77 <b>2016 NF PE RVU:</b> 1.04 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> Remove from screen - RUC articulated concerns regarding claims reporting to CMS			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**94015** Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration) **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent** **Tab** 38 **Specialty Developing** ACCP/ATS  
**RUC Meeting:** February 2009 **Recommendation:**

**First**  
**Identified:** February 2008

**2015e**  
**Medicare**  
**Utilization:** 368

**2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00  
**2007 NF PE RVU:** 0.61 **2016 NF PE RVU:** 0.86  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

**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** **Tab** 38 **Specialty Developing** ACCP/ATS  
**RUC Meeting:** February 2009 **Recommendation:**

**First**  
**Identified:** April 2008

**2015e**  
**Medicare**  
**Utilization:** 8,896

**2007 Work RVU:** 0.52 **2016 Work RVU:** 0.52  
**2007 NF PE RVU:** 0.16 **2016 NF PE RVU:** 0.18  
**2007 Fac PE RVU:** 0.16 **2016 Fac PE RVU:** 0.18  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

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

**94060** Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 30 **Specialty Developing** ATS, ACCP  
**RUC Meeting:** October 2012 **Recommendation:**

**First**  
**Identified:** October 2010

**2015e**  
**Medicare**  
**Utilization:** 1,200,378

**2007 Work RVU:** 0.31 **2016 Work RVU:** 0.27  
**2007 NF PE RVU:** 1.13 **2016 NF PE RVU:** 1.43  
**2007 Fac PE RVU:** 1.13 **2016 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.31 and CPT Assistant article published

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2014

## Status Report: CMS Requests and Relativity Assessment Issues

**94240 Deleted from CPT**

**Global:** XXX **Issue:** Pulmonary Tests

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing  
Recommendation:** ACCP, ATS

**First  
Identified:** February 2010

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.26

**2016 Work RVU:**

**2007 NF PE RVU:** 0.7

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**94260 Deleted from CPT**

**Global:** XXX **Issue:** Pulmonary Tests

**Screen:** Codes Reported  
Together 75% or More-  
Part1 /

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing  
Recommendation:** ACCP, ATS

**First  
Identified:** February 2010

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.13

**2016 Work RVU:**

**2007 NF PE RVU:** 0.63

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**94350 Deleted from CPT**

**Global:** XXX **Issue:** Pulmonary Tests

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing  
Recommendation:** ACCP, ATS

**First  
Identified:** February 2010

**2015e  
Medicare  
Utilization:**

**2007 Work RVU:** 0.26

**2016 Work RVU:**

**2007 NF PE RVU:** 0.73

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

94360	Deleted from CPT			Global: XXX	Issue: Pulmonary Tests	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes		
Most Recent RUC Meeting:	April 2010	Tab 45	Specialty Developing Recommendation:	ACCP, ATS	First Identified: February 2010	2015e Medicare Utilization:	2007 Work RVU: 0.26 2007 NF PE RVU: 0.77 2007 Fac PE RVU: NA Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:	
RUC Recommendation:	Deleted from CPT				Referred to CPT	October 2010	Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
<hr/>									
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	2015e Medicare Utilization:	2007 Work RVU: 0.26 2007 NF PE RVU: 0.69 2007 Fac PE RVU: NA Result: Deleted from CPT	2016 Work RVU: 2016 NF PE RVU: 2016 Fac PE RVU:	
RUC Recommendation:	Deleted from CPT				Referred to CPT	October 2010	Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
<hr/>									
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:	2015e Medicare Utilization: 1,064	2007 Work RVU: 0.40 2007 NF PE RVU: 0.89 2007 Fac PE RVU: NA Result: Maintain	2016 Work RVU: 0.40 2016 NF PE RVU: 1.15 2016 Fac PE RVU: NA	
RUC Recommendation:	CPT Assistant article published				Referred to CPT		Referred to CPT Asst	<input checked="" type="checkbox"/>	Published in CPT Asst: Mar 2014

## Status Report: CMS Requests and Relativity Assessment Issues

<b>94450</b>	<b>Breathing response to hypoxia (hypoxia response curve)</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Tests	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> February 2009	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 951	<b>2007 Work RVU:</b> 0.40 <b>2007 NF PE RVU:</b> 0.89 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 0.40 <b>2016 NF PE RVU:</b> 1.50 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen - RUC articulated concerns regarding claims reporting to CMS		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>94620</b>	<b>Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Diagnostic Tests	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> April 2016	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 249,023	<b>2007 Work RVU:</b> 0.64 <b>2007 NF PE RVU:</b> 2.06 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> 0.64 <b>2016 NF PE RVU:</b> 0.90 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2016			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>94621</b>	<b>Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Diagnostic Tests	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent</b> <b>RUC Meeting:</b> April 2016	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> January 2016	<b>2015e Medicare Utilization:</b> 16,414	<b>2007 Work RVU:</b> 1.42 <b>2007 NF PE RVU:</b> 2.45 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 1.42 <b>2016 NF PE RVU:</b> 3.10 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Resurvey for October 2016		<b>Referred to CPT</b> February 2016			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**94640** Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device **Global:** XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2015e Medicare Utilization:** 644,028 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00 **2007 NF PE RVU:** 0.32 **2016 NF PE RVU:** 0.51 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Mar 2014

**Result:** Maintain

**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** **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2015e Medicare Utilization:** 15,641 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00 **2007 NF PE RVU:** 0.46 **2016 NF PE RVU:** 0.79 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT**

**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** **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2015e Medicare Utilization:** 14,767 **2007 Work RVU:** 0.20 **2016 Work RVU:** 0.20 **2007 NF PE RVU:** 2.16 **2016 NF PE RVU:** 1.27 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Remove from Screen

## Status Report: CMS Requests and Relativity Assessment Issues

946X2

Global:

Issue: Pulmonary Diagnostic Tests Screen: CMS High Expenditure  
Procedural Codes2

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 09

Specialty Developing  
Recommendation: ATS, CHEST

First  
Identified: February 2016

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result:

RUC Recommendation: Resurvey for October 2016

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

946X3

Global:

Issue: Pulmonary Diagnostic Tests Screen: CMS High Expenditure  
Procedural Codes2

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 09

Specialty Developing  
Recommendation: ATS, CHEST

First  
Identified: February 2016

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result:

RUC Recommendation: Resurvey for October 2016

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

94720 Carbon monoxide diffusing capacity (eg, single breath, steady state)

Global: XXX

Issue: Pulmonary Tests

Screen: Codes Reported  
Together 75% or More-  
Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2010

Tab 45

Specialty Developing  
Recommendation: ACCP, ATS

First  
Identified: February 2010

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.26

2016 Work RVU:

2007 NF PE RVU: 1.04

2016 NF PE RVU:

2007 Fac PE RVU: NA

2016 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Referred to CPT Asst ☐ Published in CPT Asst:

## 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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.26

**2016 Work RVU:**

**2007 NF PE RVU:** 2.43

**2016 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**Result:** Deleted from CPT

**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

**2015e Medicare Utilization:** 605,620

**2007 Work RVU:**

**2016 Work RVU:** 0.26

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.21

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 353,981

**2007 Work RVU:**

**2016 Work RVU:** 0.26

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.91

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

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

**Result:** Decrease



# 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 **2015e Medicare Utilization:** 9,185 **2007 Work RVU:** **2016 Work RVU:** 0.26 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.86 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **RUC Recommendation:** 0.31 **Referred to CPT** 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 **2015e Medicare Utilization:** 1,020,060 **2007 Work RVU:** **2016 Work RVU:** 0.19 **2007 NF PE RVU:** **2016 NF PE RVU:** 1.33 **2007 Fac PE RVU:** **2016 Fac PE RVU:** NA **RUC Recommendation:** 0.19 **Referred to CPT** 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 **2015e Medicare Utilization:** 56,307 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00 **2007 NF PE RVU:** 0.05 **2016 NF PE RVU:** 0.08 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **RUC Recommendation:** New PE inputs **Referred to CPT** **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 **2015e Medicare Utilization:** 12,181 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00 **2007 NF PE RVU:** 0.08 **2016 NF PE RVU:** 0.13 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs

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

**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 **2015e Medicare Utilization:** 298,457 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00 **2007 NF PE RVU:** 0.56 **2016 NF PE RVU:** 0.68 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs

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

**94770** Carbon dioxide, expired gas determination by infrared analyzer **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 57 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2015e Medicare Utilization:** 5,453 **2007 Work RVU:** 0.15 **2016 Work RVU:** 0.15 **2007 NF PE RVU:** 0.76 **2016 NF PE RVU:** NA **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** 0.05 **Result:** PE Only

**RUC Recommendation:** Refer to CPT Assistant. Remove office-based PE inputs

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2014

# 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 / CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** February 2011

**Tab** 41

**Specialty Developing Recommendation:**

AAOHNS, AAOA, ACAAI

**First Identified:** October 2010

**2015e Medicare Utilization:** 10,061,200

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.01

**2007 NF PE RVU:** 0.12

**2016 NF PE RVU:** 0.17

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.01

**Referred to CPT**

**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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.15

**2016 Work RVU:**

**2007 NF PE RVU:** 0.31

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.06

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**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 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

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.15

**2016 Work RVU:**

**2007 NF PE RVU:** 0.16

**2016 NF PE RVU:**

**2007 Fac PE RVU:** 0.06

**2016 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95017</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Percutaneous Allergy Testing	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> JCAAI	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 24,499	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.07 <b>2016 NF PE RVU:</b> 0.14 <b>2016 Fac PE RVU:</b> 0.02
<b>RUC Recommendation:</b> 0.07		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>95018</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Percutaneous Allergy Testing	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> JCAAI	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 84,738	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.14 <b>2016 NF PE RVU:</b> 0.43 <b>2016 Fac PE RVU:</b> 0.05
<b>RUC Recommendation:</b> 0.14		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>95024</b>	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	<b>Global:</b> XXX	<b>Issue:</b> Intracutaneous Allergy Tests	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> JCAAI, ACAAI, AAAAI, AAOA	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 1,858,434	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.17 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 0.01 <b>2016 NF PE RVU:</b> 0.20 <b>2016 Fac PE RVU:</b> 0.01
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## 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 Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

**Most Recent** **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2015e Medicare Utilization:** 254,747 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.01  
**RUC Meeting:** February 2011 **2007 NF PE RVU:** 0.17 **2016 NF PE RVU:** 0.11  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**RUC Recommendation:** 0.01 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**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** **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2015e Medicare Utilization:** 1,121,114 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00  
**RUC Meeting:** April 2012 **2007 NF PE RVU:** 0.35 **2016 NF PE RVU:** 0.24  
**2007 Fac PE RVU:** 0.29 **2016 Fac PE RVU:** NA  
**RUC Recommendation:** New PE Inputs **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**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** **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2015e Medicare Utilization:** 2,486,339 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00  
**RUC Meeting:** April 2012 **2007 NF PE RVU:** 0.44 **2016 NF PE RVU:** 0.28  
**2007 Fac PE RVU:** 0.38 **2016 Fac PE RVU:** NA  
**RUC Recommendation:** New PE Inputs **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95144</b>	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	<b>Global:</b> XXX	<b>Issue:</b> Antigen Therapy Services	<b>Screen:</b> Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 49	<b>Specialty Developing Recommendation:</b> AAOHNS, AAOA, ACAAI	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 182,080	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.21 <b>2007 Fac PE RVU:</b> 0.02 <b>2016 Work RVU:</b> 0.06 <b>2016 NF PE RVU:</b> 0.28 <b>2016 Fac PE RVU:</b> 0.02 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.06			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>95148</b>	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 73	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 16,554	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.67 <b>2007 Fac PE RVU:</b> 0.03 <b>2016 Work RVU:</b> 0.06 <b>2016 NF PE RVU:</b> 1.40 <b>2016 Fac PE RVU:</b> 0.02 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.06			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>95165</b>	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	<b>Global:</b> XXX	<b>Issue:</b> Antigen Therapy Services	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 49	<b>Specialty Developing Recommendation:</b> AAOHNS, AAOA, ACAAI	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 6,893,753	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.21 <b>2007 Fac PE RVU:</b> 0.02 <b>2016 Work RVU:</b> 0.06 <b>2016 NF PE RVU:</b> 0.29 <b>2016 Fac PE RVU:</b> 0.02 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.06			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# 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** **Tab** 47 **Specialty Developing Recommendation:** AACE, TES **First Identified:** October 2013 **2015e Medicare Utilization:** 26,024 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00  
**RUC Meeting:** April 2016 **2007 NF PE RVU:** 3.95 **2016 NF PE RVU:** 4.41  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**RUC Recommendation:** Survey for October 2016 **Referred to CPT** October 2015 **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 Growth **Complete?** No

**Most Recent** **Tab** 47 **Specialty Developing Recommendation:** AACE, TES **First Identified:** April 2013 **2015e Medicare Utilization:** 33,860 **2007 Work RVU:** 0.85 **2016 Work RVU:** 0.85  
**RUC Meeting:** April 2016 **2007 NF PE RVU:** 0.21 **2016 NF PE RVU:** 0.33  
**2007 Fac PE RVU:** 0.21 **2016 Fac PE RVU:** 0.33  
**RUC Recommendation:** Survey for October 2016 **Referred to CPT** October 2015 **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** **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2015e Medicare Utilization:** 12,483 **2007 Work RVU:** **2016 Work RVU:** 1.05  
**RUC Meeting:** April 2010 **2007 NF PE RVU:** **2016 NF PE RVU:** 3.92  
**2007 Fac PE RVU:** **2016 Fac PE RVU:** NA  
**RUC Recommendation:** 1.05 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95801</b>	<b>Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)</b>	<b>Global:</b> XXX	<b>Issue:</b> Sleep Testing	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACNS, AAN, ACCP/ATS, AASM	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 918	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.00 <b>2016 NF PE RVU:</b> 1.50 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.00		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>95803</b>	<b>Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)</b>	<b>Global:</b> XXX	<b>Issue:</b> Sleep Testing	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACNS, AAN, ACCP/ATS, AASM	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 582	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 0.90 <b>2016 NF PE RVU:</b> 3.04 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.90 and New PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>95805</b>	<b>Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness</b>	<b>Global:</b> XXX	<b>Issue:</b> Sleep Testing	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACNS, AAN, ACCP/ATS, AASM	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 4,078	<b>2007 Work RVU:</b> 1.88 <b>2007 NF PE RVU:</b> 14.7 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2016 Work RVU:</b> 1.20 <b>2016 NF PE RVU:</b> 10.74 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.20		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			



# 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:** **2015e Medicare Utilization:** 33,496 **2007 Work RVU:** 1.66 **2016 Work RVU:** 1.25 **2007 NF PE RVU:** 3.46 **2016 NF PE RVU:** 3.44 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.28 **Referred to CPT** October 2009 **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:** **2015e Medicare Utilization:** 4,513 **2007 Work RVU:** 1.66 **2016 Work RVU:** 1.28 **2007 NF PE RVU:** 11.82 **2016 NF PE RVU:** 12.10 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.25 **Referred to CPT** October 2009 **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:** **2015e Medicare Utilization:** 395 **2007 Work RVU:** 2.65 **2016 Work RVU:** 1.74 **2007 NF PE RVU:** 13.79 **2016 NF PE RVU:** 15.89 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 1.74 **Referred to CPT** October 2009 **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:** **2015e Medicare Utilization:** 295,872 **2007 Work RVU:** 3.52 **2016 Work RVU:** 2.50 **2007 NF PE RVU:** 17.54 **2016 NF PE RVU:** 14.90 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 2.50 **Referred to CPT** October 2009 **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:**

**2015e**  
**Medicare**  
**Utilization:** 358,518

**2007 Work RVU:** 3.79

**2016 Work RVU:** 2.60

**2007 NF PE RVU:** 19.32

**2016 NF PE RVU:** 15.67

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.60

**Referred to CPT** October 2009

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

**95812** Electroencephalogram (EEG) extended monitoring; 41-60 minutes

**Global:** XXX

**Issue:** Electroencephalogram  
(EEG) Extended Monitoring

**Screen:** CMS Request - Final  
Rule for 2016

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016

**Tab** 50

**Specialty Developing**  
**Recommendation:**

AAN

**First**  
**Identified:** July 2015

**2015e**  
**Medicare**  
**Utilization:** 25,707

**2007 Work RVU:** 1.08

**2016 Work RVU:** 1.08

**2007 NF PE RVU:** 4.49

**2016 NF PE RVU:** 8.68

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.08

**Referred to CPT**

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

**95813** Electroencephalogram (EEG) extended monitoring; greater than 1 hour

**Global:** XXX

**Issue:** Electroencephalogram  
(EEG) Extended Monitoring

**Screen:** CMS Request - Final  
Rule for 2016

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016

**Tab** 50

**Specialty Developing**  
**Recommendation:**

AAN

**First**  
**Identified:** July 2015

**2015e**  
**Medicare**  
**Utilization:** 24,525

**2007 Work RVU:** 1.73

**2016 Work RVU:** 1.73

**2007 NF PE RVU:** 5.4

**2016 NF PE RVU:** 10.05

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.63

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95816</b>	Electroencephalogram (EEG); including recording awake and drowsy	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 281,980	<b>2007 Work RVU:</b> 1.08 <b>2007 NF PE RVU:</b> 4.1 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.08			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.08 <b>2016 NF PE RVU:</b> 9.03 <b>2016 Fac PE RVU:</b> NA
<b>95819</b>	Electroencephalogram (EEG); including recording awake and asleep	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 237,498	<b>2007 Work RVU:</b> 1.08 <b>2007 NF PE RVU:</b> 3.76 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.08			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.08 <b>2016 NF PE RVU:</b> 10.49 <b>2016 Fac PE RVU:</b> NA
<b>95822</b>	Electroencephalogram (EEG); recording in coma or sleep only	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 25,734	<b>2007 Work RVU:</b> 1.08 <b>2007 NF PE RVU:</b> 4.82 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.08			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 1.08 <b>2016 NF PE RVU:</b> 9.34 <b>2016 Fac PE RVU:</b> NA
<b>95831</b>	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 115,862	<b>2007 Work RVU:</b> 0.28 <b>2007 NF PE RVU:</b> 0.44 <b>2007 Fac PE RVU:</b> 0.12 <b>Result:</b>
<b>RUC Recommendation:</b> Review utilization October 2018			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.28 <b>2016 NF PE RVU:</b> 0.55 <b>2016 Fac PE RVU:</b> 0.12

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95860</b>	<b>Needle electromyography; 1 extremity with or without related paraspinal areas</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 4,255	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 1.36 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.96 <b>2016 NF PE RVU:</b> 2.44 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.96			<b>Referred to CPT</b> February 2011 & October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

<b>95861</b>	<b>Needle electromyography; 2 extremities with or without related paraspinal areas</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 38,076	<b>2007 Work RVU:</b> 1.54 <b>2007 NF PE RVU:</b> 1.48 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 1.54 <b>2016 NF PE RVU:</b> 3.20 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.54			<b>Referred to CPT</b> February 2011 & October 2011 & February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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**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

**2015e Medicare Utilization:** 377

**2007 Work RVU:** 1.87

**2016 Work RVU:** 1.87

**2007 NF PE RVU:** 1.79

**2016 NF PE RVU:** 4.04

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 1.87

**Referred to CPT** February 2011 & October 2011

**Result:** Maintain

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

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**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

**2015e Medicare Utilization:** 1,456

**2007 Work RVU:** 1.99

**2016 Work RVU:** 1.99

**2007 NF PE RVU:** 2.53

**2016 NF PE RVU:** 4.64

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 1.99

**Referred to CPT** February 2011 & October 2011

**Result:** Maintain

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

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**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:**

**2015e Medicare Utilization:** 1,262

**2007 Work RVU:** 0.79

**2016 Work RVU:** 0.79

**2007 NF PE RVU:** 0.98

**2016 NF PE RVU:** 1.83

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.79

**Referred to CPT** October 2011

**Result:** Maintain

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

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>95868</b>	<b>Needle electromyography; cranial nerve supplied muscles, bilateral</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 1,813	<b>2007 Work RVU:</b> 1.18 <b>2007 NF PE RVU:</b> 1.26 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 1.18 <b>2016 NF PE RVU:</b> 2.49 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.18			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<b>95869</b>	<b>Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 524	<b>2007 Work RVU:</b> 0.37 <b>2007 NF PE RVU:</b> 0.53 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.37 <b>2016 NF PE RVU:</b> 2.23 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.37			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<b>95870</b>	<b>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</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 46,141	<b>2007 Work RVU:</b> 0.37 <b>2007 NF PE RVU:</b> 0.53 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.37 <b>2016 NF PE RVU:</b> 2.22 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.37			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

## 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

**2015e Medicare Utilization:** 134,623

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

**2016 Work RVU:** 0.35  
**2016 NF PE RVU:** 1.28  
**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.35

**Referred to CPT** February 2011 and October 2011

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 913,232

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

**2016 Work RVU:** 0.86  
**2016 NF PE RVU:** 1.67  
**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.92

**Referred to CPT** February 2011 and October 2011

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 12,734

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

**2016 Work RVU:** 0.71  
**2016 NF PE RVU:** 1.54  
**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.73

**Referred to CPT** February 2011 and October 2011

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95900</b>	<b>Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> MPC List / Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.42 <b>2007 NF PE RVU:</b> 1.18 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 & February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<b>95903</b>	<b>Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.60 <b>2007 NF PE RVU:</b> 1.15 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 and February 2012 & February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<b>95904</b>	<b>Nerve conduction, amplitude and latency/velocity study, each nerve; sensory</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.34 <b>2007 NF PE RVU:</b> 1.03 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2011 & October 2011 & February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	



## 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:

2015e Medicare Utilization: 10,302

2007 Work RVU:

2016 Work RVU: 1.00

2007 NF PE RVU:

2016 NF PE RVU: 1.64

2007 Fac PE RVU:

2016 Fac PE RVU: NA

RUC Recommendation: 1.00

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 95908 Nerve conduction studies; 3-4 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 32

Specialty Developing Recommendation:

AAN, AAPMR, AANEM, APTA

First Identified:

2015e Medicare Utilization: 69,963

2007 Work RVU:

2016 Work RVU: 1.25

2007 NF PE RVU:

2016 NF PE RVU: 2.02

2007 Fac PE RVU:

2016 Fac PE RVU: NA

RUC Recommendation: 1.37

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 95909 Nerve conduction studies; 5-6 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 32

Specialty Developing Recommendation:

AAN, AAPMR, AANEM, APTA

First Identified:

2015e Medicare Utilization: 140,781

2007 Work RVU:

2016 Work RVU: 1.50

2007 NF PE RVU:

2016 NF PE RVU: 2.50

2007 Fac PE RVU:

2016 Fac PE RVU: NA

RUC Recommendation: 1.77

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

### 95910 Nerve conduction studies; 7-8 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 32

Specialty Developing Recommendation:

AAN, AAPMR, AANEM, APTA

First Identified:

2015e Medicare Utilization: 161,110

2007 Work RVU:

2016 Work RVU: 2.00

2007 NF PE RVU:

2016 NF PE RVU: 3.31

2007 Fac PE RVU:

2016 Fac PE RVU: NA

RUC Recommendation: 2.80

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 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:

2015e Medicare Utilization: 169,403

2007 Work RVU:

2016 Work RVU: 2.50

2007 NF PE RVU:

2016 NF PE RVU: 3.92

2007 Fac PE RVU:

2016 Fac PE RVU: NA

RUC Recommendation: 3.34

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 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:

2015e Medicare Utilization: 86,379

2007 Work RVU:

2016 Work RVU: 3.00

2007 NF PE RVU:

2016 NF PE RVU: 4.18

2007 Fac PE RVU:

2016 Fac PE RVU: NA

RUC Recommendation: 4.00

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

# 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:**

**2015e Medicare Utilization:** 96,456

**2007 Work RVU:**

**2016 Work RVU:** 3.56

**2007 NF PE RVU:**

**2016 NF PE RVU:** 4.64

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 4.20

**Referred to CPT** February 2012

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

**Result:** Decrease

**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

**2015e Medicare Utilization:** 39,709

**2007 Work RVU:** 0.90

**2016 Work RVU:** 0.90

**2007 NF PE RVU:** 0.82

**2016 NF PE RVU:** 1.48

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.90

**Referred to CPT** February 2012

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

**Result:** Maintain

**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

**2015e Medicare Utilization:** 5,157

**2007 Work RVU:** 0.96

**2016 Work RVU:** 0.96

**2007 NF PE RVU:** 1

**2016 NF PE RVU:** 1.84

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.96

**Referred to CPT** February 2012

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2008

**Result:** Maintain

## 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:**

**2015e Medicare Utilization:** 116,006

**2007 Work RVU:** 0.90

**2016 Work RVU:** 0.90

**2007 NF PE RVU:** 1.99

**2016 NF PE RVU:** 3.66

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.90

**Referred to CPT**

**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:**

**2015e Medicare Utilization:** 14,800

**2007 Work RVU:**

**2016 Work RVU:** 1.73

**2007 NF PE RVU:**

**2016 NF PE RVU:** 2.36

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.73

**Referred to CPT** February 2012

**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

**2015e Medicare Utilization:** 10,263

**2007 Work RVU:** 0.54

**2016 Work RVU:** 0.54

**2007 NF PE RVU:** 1.63

**2016 NF PE RVU:** 3.80

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.54 and New PE Inputs

**Referred to CPT** October 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

**95926** Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs

**Global:** XXX

**Issue:** Evoked Potentials and Reflex Studies

**Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 34

**Specialty Developing Recommendation:**

AAN,  
AANEM,  
ACNS,  
AAPMR

**First Identified:** February 2010

**2015e Medicare Utilization:** 12,506

**2007 Work RVU:** 0.54

**2016 Work RVU:** 0.54

**2007 NF PE RVU:** 1.59

**2016 NF PE RVU:** 3.29

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 0.54 and New PE Inputs

**Referred to CPT** October 2010

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

**Result:** Maintain

**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

**2015e Medicare Utilization:** 331

**2007 Work RVU:** 1.50

**2016 Work RVU:** 1.50

**2007 NF PE RVU:** 3.25

**2016 NF PE RVU:** 4.76

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**RUC Recommendation:** 1.50

**Referred to CPT** October 2010

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95929</b>	Central motor evoked potential study (transcranial motor stimulation); lower limbs	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 1,331	<b>2007 Work RVU:</b> 1.50 <b>2007 NF PE RVU:</b> 3.48 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 1.50 <b>2016 NF PE RVU:</b> 4.78 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>Result:</b> Maintain	

<b>95930</b>	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	<b>Global:</b> XXX	<b>Issue:</b> Visual Evoked Potential Testing	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> October 2015	<b>2015e Medicare Utilization:</b> 87,875	<b>2007 Work RVU:</b> 0.35 <b>2007 NF PE RVU:</b> 2.34 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.35 <b>2016 NF PE RVU:</b> 3.23 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> May 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>Result:</b>	

<b>95934</b>	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.51 <b>2007 NF PE RVU:</b> 0.55 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 & February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>Result:</b> Deleted from CPT	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95936</b>	<b>H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle</b>			<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b>	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.55 <b>2007 NF PE RVU:</b> 0.49 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> October 2011 & February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>95938</b>	<b>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</b>			<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 62,593	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 0.86 <b>2016 NF PE RVU:</b> 8.69 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.86 and new PE inputs				<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>							
<b>95939</b>	<b>Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs</b>			<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 25,995	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 2.25 <b>2016 NF PE RVU:</b> 11.71 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.25 and new PE inputs				<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

**95940** Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 12

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2015e Medicare Utilization:** 13,798

**2007 Work RVU:**

**2016 Work RVU:** 0.60

**2007 NF PE RVU:**

**2016 NF PE RVU:** NA

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.28

**RUC Recommendation:** 0.60

**Referred to CPT** February 2012

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

**Result:** Decrease

**95941** Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)

**Global:** XXX

**Issue:** Intraoperative Neurophysiology Monitoring

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 12

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.00

**RUC Recommendation:** 2.00

**Referred to CPT** February 2012

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

**Result:** Decrease

**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:**

**2015e Medicare Utilization:** 38,000

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**RUC Recommendation:** Carrier Price

**Referred to CPT** February 2012

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

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

<b>95950</b>	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	<b>Global:</b> XXX	<b>Issue:</b> EEG Monitoring	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 826	<b>2007 Work RVU:</b> 1.51 <b>2007 NF PE RVU:</b> 4.18 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 1.51 <b>2016 NF PE RVU:</b> 7.70 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.51 and new PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>95953</b>	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	<b>Global:</b> XXX	<b>Issue:</b> EEG Monitoring	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> February 2009	<b>2015e Medicare Utilization:</b> 21,458	<b>2007 Work RVU:</b> 3.30 <b>2007 NF PE RVU:</b> 7.52 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 3.08 <b>2016 NF PE RVU:</b> 8.60 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 3.08		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>95954</b>	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	<b>Global:</b> XXX	<b>Issue:</b> EEG Monitoring	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 1,169	<b>2007 Work RVU:</b> 2.45 <b>2007 NF PE RVU:</b> 4.38 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 2.45 <b>2016 NF PE RVU:</b> 10.20 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**95956** Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse **Global:** XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2015e Medicare Utilization:** 5,462 **2007 Work RVU:** 3.08 **2016 Work RVU:** 3.61 **2007 NF PE RVU:** 15.47 **2016 NF PE RVU:** 42.24 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** PE Only **RUC Recommendation:** 3.61. CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2009

**95957** Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis) **Global:** XXX **Issue:** Electroencephalogram (EEG) Extended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2015e Medicare Utilization:** 56,236 **2007 Work RVU:** 1.98 **2016 Work RVU:** 1.98 **2007 NF PE RVU:** 3.37 **2016 NF PE RVU:** 6.77 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Maintain **RUC Recommendation:** 1.98 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95970** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming **Global:** XXX **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 **Complete?** No

**Most Recent RUC Meeting:** January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2015e Medicare Utilization:** 28,666 **2007 Work RVU:** 0.45 **2016 Work RVU:** 0.45 **2007 NF PE RVU:** 0.86 **2016 NF PE RVU:** 1.44 **2007 Fac PE RVU:** 0.14 **2016 Fac PE RVU:** 0.20 **Result:** Maintain **RUC Recommendation:** Refer to CPT May 2016 **Referred to CPT** September 2016 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jul 2016

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95971</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Analysis of implanted neurostimulator pulse generator system	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 21</b>	<b>Specialty Developing Recommendation:</b> AANS/CNS, ACOG, ASA, AUA, ISIS	<b>First Identified:</b> October 2009	<b>2015e Medicare Utilization:</b> 14,668	<b>2007 Work RVU:</b> 0.78 <b>2007 NF PE RVU:</b> 0.66 <b>2007 Fac PE RVU:</b> 0.22 <b>2016 Work RVU:</b> 0.78 <b>2016 NF PE RVU:</b> 0.57 <b>2016 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 0.78			<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>95972</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Analysis of implanted neurostimulator pulse generator system	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 21</b>	<b>Specialty Developing Recommendation:</b> AANS/CNS, ACOG, ASA, AUA, ISIS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 46,490	<b>2007 Work RVU:</b> 1.50 <b>2007 NF PE RVU:</b> 1.21 <b>2007 Fac PE RVU:</b> 0.48 <b>2016 Work RVU:</b> 0.80 <b>2016 NF PE RVU:</b> 0.78 <b>2016 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 0.80			<b>Referred to CPT</b> May 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>95973</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Implanted Neurostimulator Electronic Analysis	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 21</b>	<b>Specialty Developing Recommendation:</b> AANS/CNS, ACOG, ASA, AUA, ISIS	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 1,229	<b>2007 Work RVU:</b> 0.92 <b>2007 NF PE RVU:</b> 0.61 <b>2007 Fac PE RVU:</b> 0.32 <b>2016 Work RVU:</b> <b>2016 NF PE RVU:</b> <b>2016 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95974</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	<b>Global:</b> XXX	<b>Issue:</b> Electronic Analysis of Implanted Neurostimulator Pulse Generator System	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> AAN	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 14,793	<b>2007 Work RVU:</b> 3.00 <b>2007 NF PE RVU:</b> 1.65 <b>2007 Fac PE RVU:</b> 1.19	<b>2016 Work RVU:</b> 3.00 <b>2016 NF PE RVU:</b> 2.58 <b>2016 Fac PE RVU:</b> 1.37
<b>RUC Recommendation:</b> Refer to CPT May 2016		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016	<b>Result:</b>	
<b>95975</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Electronic Analysis of Implanted Neurostimulator Pulse Generator System	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> AAN	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 270	<b>2007 Work RVU:</b> 1.70 <b>2007 NF PE RVU:</b> 0.86 <b>2007 Fac PE RVU:</b> 0.67	<b>2016 Work RVU:</b> 1.70 <b>2016 NF PE RVU:</b> 1.31 <b>2016 Fac PE RVU:</b> 0.79
<b>RUC Recommendation:</b> Refer to CPT May 2016		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016	<b>Result:</b>	
<b>95978</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	<b>Global:</b> XXX	<b>Issue:</b> Electronic Analysis of Implanted Neurostimulator Pulse Generator System	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> AAN	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 34,646	<b>2007 Work RVU:</b> 3.50 <b>2007 NF PE RVU:</b> 1.91 <b>2007 Fac PE RVU:</b> 1.24	<b>2016 Work RVU:</b> 3.50 <b>2016 NF PE RVU:</b> 3.19 <b>2016 Fac PE RVU:</b> 1.62
<b>RUC Recommendation:</b> Refer to CPT May 2016		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016	<b>Result:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95979</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Electronic Analysis of Implanted Neurostimulator Pulse Generator System	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> AAN	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 5,792	<b>2007 Work RVU:</b> 1.64 <b>2007 NF PE RVU:</b> 0.84 <b>2007 Fac PE RVU:</b> 0.64	<b>2016 Work RVU:</b> 1.64 <b>2016 NF PE RVU:</b> 1.27 <b>2016 Fac PE RVU:</b> 0.76
<b>RUC Recommendation:</b> Refer to CPT May 2016		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016	<b>Result:</b>	
<b>95980</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Electronic Analysis of Implanted Neurostimulator Pulse Generator System	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 383	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 0.80 <b>2016 NF PE RVU:</b> NA <b>2016 Fac PE RVU:</b> 0.35
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>	
<b>95981</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Electronic Analysis of Implanted Neurostimulator Pulse Generator System	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 51 <b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 597	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2016 Work RVU:</b> 0.30 <b>2016 NF PE RVU:</b> 0.56 <b>2016 Fac PE RVU:</b> 0.17
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**95982** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming

**Global:** XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

**Most Recent RUC Meeting:** January 2016 **Tab** 51 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2015e Medicare Utilization:** 1,025 **2007 Work RVU:** **2016 Work RVU:** 0.65 **2007 NF PE RVU:** **2016 NF PE RVU:** 0.75 **2007 Fac PE RVU:** **2016 Fac PE RVU:** 0.30 **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95990** Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;

**Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2015e Medicare Utilization:** 2,905 **2007 Work RVU:** 0.00 **2016 Work RVU:** 0.00 **2007 NF PE RVU:** 1.53 **2016 NF PE RVU:** 2.57 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.00 **Referred to CPT** October 2010 **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 **2015e Medicare Utilization:** 13,935 **2007 Work RVU:** 0.77 **2016 Work RVU:** 0.77 **2007 NF PE RVU:** 1.53 **2016 NF PE RVU:** 2.63 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** 0.31 **Result:** Maintain

**RUC Recommendation:** 0.77 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>96101</b>	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	<b>Global:</b> XXX	<b>Issue:</b> Psychological and Neuro-psychological Testing	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 56	<b>Specialty Developing Recommendation:</b> APA (psychology)	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 215,977	<b>2007 Work RVU:</b> 1.86 <b>2007 NF PE RVU:</b> 0.58 <b>2007 Fac PE RVU:</b> 0.56 <b>2016 Work RVU:</b> 1.86 <b>2016 NF PE RVU:</b> 0.32 <b>2016 Fac PE RVU:</b> 0.30 <b>Result:</b>
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>96102</b>	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	<b>Global:</b> XXX	<b>Issue:</b> Psychological and Neuro-psychological Testing	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 56	<b>Specialty Developing Recommendation:</b> APA (psychology)	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 41,735	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 0.8 <b>2007 Fac PE RVU:</b> 0.15 <b>2016 Work RVU:</b> 0.50 <b>2016 NF PE RVU:</b> 1.26 <b>2016 Fac PE RVU:</b> 0.13 <b>Result:</b>
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>96103</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Psychological and Neuro-psychological Testing	<b>Screen:</b> High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 56	<b>Specialty Developing Recommendation:</b> APA (Psychology)	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 112,434	<b>2007 Work RVU:</b> 0.51 <b>2007 NF PE RVU:</b> 0.49 <b>2007 Fac PE RVU:</b> 0.15 <b>2016 Work RVU:</b> 0.51 <b>2016 NF PE RVU:</b> 0.24 <b>2016 Fac PE RVU:</b> 0.21 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	



## 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 / CMS High Expenditure Procedural Codes2	Complete? No
Most Recent RUC Meeting:	October 2009	Tab 33	Specialty Developing Recommendation: ASHA, AAN	First Identified: January 2016	2015e Medicare Utilization: 318	2007 Work RVU: 0.00 2007 NF PE RVU: 1.83 2007 Fac PE RVU: NA Result: Increase	2016 Work RVU: 1.75 2016 NF PE RVU: 1.20 2016 Fac PE RVU: NA
RUC Recommendation: Refer to CPT. 1.75				Referred to CPT September 2016	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument			Global: XXX	Issue:	Screen: CMS High Expenditure Procedural Codes2	Complete? No
Most Recent RUC Meeting:		Tab	Specialty Developing Recommendation: AAN, APA (psychology)	First Identified: January 2016	2015e Medicare Utilization:	2007 Work RVU: 0.00 2007 NF PE RVU: 0.18 2007 Fac PE RVU: NA Result:	2016 Work RVU: 0.00 2016 NF PE RVU: 0.24 2016 Fac PE RVU: NA
RUC Recommendation: Refer to CPT				Referred to CPT September 2016	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report			Global: XXX	Issue:	Screen: CMS High Expenditure Procedural Codes2	Complete? No
Most Recent RUC Meeting:		Tab	Specialty Developing Recommendation: AAN, APA (psychology)	First Identified: January 2016	2015e Medicare Utilization: 1,003	2007 Work RVU: 2.60 2007 NF PE RVU: 0.96 2007 Fac PE RVU: 0.92 Result:	2016 Work RVU: 2.60 2016 NF PE RVU: 0.92 2016 Fac PE RVU: 0.74
RUC Recommendation: Refer to CPT				Referred to CPT September 2016	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	



# Status Report: CMS Requests and Relativity Assessment Issues

**96116** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

**Global:** XXX

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** January 2016

**Tab** 52

**Specialty Developing Recommendation:** AAN, APA (psychology)

**First Identified:** July 2015

**2015e Medicare Utilization:** 139,259

**2007 Work RVU:** 1.86

**2016 Work RVU:** 1.86

**2007 NF PE RVU:** 0.76

**2016 NF PE RVU:** 0.66

**2007 Fac PE RVU:** 0.59

**2016 Fac PE RVU:** 0.50

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

**96118** Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

**Global:** XXX

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** January 2016

**Tab** 56

**Specialty Developing Recommendation:** APA (psychology)

**First Identified:** July 2015

**2015e Medicare Utilization:** 607,845

**2007 Work RVU:** 1.86

**2016 Work RVU:** 1.86

**2007 NF PE RVU:** 1.25

**2016 NF PE RVU:** 0.83

**2007 Fac PE RVU:** 0.56

**2016 Fac PE RVU:** 0.29

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

**96119** Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

**Global:** XXX

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** January 2016

**Tab** 56

**Specialty Developing Recommendation:** APA (psychology)

**First Identified:** July 2015

**2015e Medicare Utilization:** 160,215

**2007 Work RVU:** 0.55

**2016 Work RVU:** 0.55

**2007 NF PE RVU:** 1.15

**2016 NF PE RVU:** 1.69

**2007 Fac PE RVU:** 0.17

**2016 Fac PE RVU:** 0.10

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

## Status Report: CMS Requests and Relativity Assessment Issues

**96120** Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report **Global:** XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** January 2016

**Tab** 56

**Specialty Developing Recommendation:** APA (Psychology)

**First Identified:** April 2013

**2015e Medicare Utilization:** 26,310

**2007 Work RVU:** 0.51

**2016 Work RVU:** 0.51

**2007 NF PE RVU:** 1.04

**2016 NF PE RVU:** 0.81

**2007 Fac PE RVU:** 0.15

**2016 Fac PE RVU:** 0.19

**Result:** Maintain

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

**96125** Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

**Global:** XXX

**Issue:** Psychological and Neuropsychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** January 2016

**Tab** 56

**Specialty Developing Recommendation:** APA

**First Identified:** January 2016

**2015e Medicare Utilization:** 1,938

**2007 Work RVU:**

**2016 Work RVU:** 1.70

**2007 NF PE RVU:**

**2016 NF PE RVU:** 1.54

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

**96127** Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

**Global:** XXX

**Issue:** Psychological and Neuropsychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** January 2016

**Tab** 56

**Specialty Developing Recommendation:** APA (psychology)

**First Identified:** January 2016

**2015e Medicare Utilization:** 3,384

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.14

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>96360</b>	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	<b>Global:</b> XXX	<b>Issue:</b> IV Hydration	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ASCO, ASH	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 232,698	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b>
<b>RUC Recommendation:</b>	Refer to CPT		<b>Referred to CPT</b> September 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2016 Work RVU:</b> 0.17 <b>2016 NF PE RVU:</b> 1.41 <b>2016 Fac PE RVU:</b> NA
				<b>Published in CPT Asst:</b>	

<b>96361</b>	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> IV Hydration	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ASCO, ASH	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 534,040	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b>
<b>RUC Recommendation:</b>	Refer to CPT		<b>Referred to CPT</b> September 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2016 Work RVU:</b> 0.09 <b>2016 NF PE RVU:</b> 0.33 <b>2016 Fac PE RVU:</b> NA
				<b>Published in CPT Asst:</b>	

<b>96365</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	<b>Global:</b> XXX	<b>Issue:</b> Intravenous Infusion Therapy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ISDA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 1,262,681	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b>	0.21		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	
				<b>Published in CPT Asst:</b>	

## 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:**

ACRrh,  
ASCO, ASH,  
ISDA

**First Identified:** April 2013

**2015e Medicare Utilization:** 594,951

**2007 Work RVU:**

**2016 Work RVU:** 0.18

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.34

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.18

**Referred to CPT**

**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:**

ACRrh,  
ASCO, ASH,  
ISDA

**First Identified:** September 2011

**2015e Medicare Utilization:** 1,729,769

**2007 Work RVU:**

**2016 Work RVU:** 0.19

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.65

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.19

**Referred to CPT**

**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:**

ACRrh,  
ASCO, ASH,  
ISDA

**First Identified:** April 2013

**2015e Medicare Utilization:** 145,924

**2007 Work RVU:**

**2016 Work RVU:** 0.17

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.40

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>96372</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	<b>Global:</b> XXX	<b>Issue:</b> Application of On-body Injector with Subcutaneous Injection	<b>Screen:</b> Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> ASCO, ASH, AAFP	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 9,127,349	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 0.17 <b>2016 NF PE RVU:</b> 0.53 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>
<b>96374</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	<b>Global:</b> XXX	<b>Issue:</b> Application of On-body Injector with Subcutaneous Injection	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ASCO, ASH, ACRh	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 285,402	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 0.18 <b>2016 NF PE RVU:</b> 1.38 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>
<b>96375</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Application of On-body Injector with Subcutaneous Injection	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> ASCO, ASH, ACRh	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 1,470,738	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 0.10 <b>2016 NF PE RVU:</b> 0.52 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>963XX</b>	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection			<b>Global:</b> XXX	<b>Issue:</b> Application of On-body Injector with Subcutaneous Injection	<b>Screen:</b> should be on N/R LOI just added to track	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	January 2016	<b>Tab</b>		<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> January 2016	
<b>RUC Recommendation:</b>	Survey for October 2016 with family of services .			<b>Referred to CPT</b>	September 2016	<b>2015e Medicare Utilization:</b>	
				<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	
						<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b>
						<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b>
						<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b>
						<b>Result:</b>	

<b>96401</b>	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic			<b>Global:</b> XXX	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>		<b>Tab</b>		<b>Specialty Developing Recommendation:</b>	ASBMT, ASCO, ASH, ACRh	<b>First Identified:</b> July 2015	
<b>RUC Recommendation:</b>	Refer to CPT			<b>Referred to CPT</b>	September 2016	<b>2015e Medicare Utilization:</b>	769,352
				<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	
						<b>2007 Work RVU:</b>	0.21
						<b>2007 NF PE RVU:</b>	1.34
						<b>2007 Fac PE RVU:</b>	NA
						<b>Result:</b>	
						<b>2016 Work RVU:</b>	0.21
						<b>2016 NF PE RVU:</b>	1.84
						<b>2016 Fac PE RVU:</b>	NA

<b>96402</b>	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic			<b>Global:</b> XXX	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>		<b>Tab</b>		<b>Specialty Developing Recommendation:</b>	ASBMT, ASCO, ASH, AUA	<b>First Identified:</b> July 2015	
<b>RUC Recommendation:</b>	Refer to CPT			<b>Referred to CPT</b>	September 2016	<b>2015e Medicare Utilization:</b>	385,915
				<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	
						<b>2007 Work RVU:</b>	0.19
						<b>2007 NF PE RVU:</b>	0.94
						<b>2007 Fac PE RVU:</b>	NA
						<b>Result:</b>	
						<b>2016 Work RVU:</b>	0.19
						<b>2016 NF PE RVU:</b>	0.70
						<b>2016 Fac PE RVU:</b>	NA

# Status Report: CMS Requests and Relativity Assessment Issues

**96405** Chemotherapy administration; intralesional, up to and including 7 lesions **Global:** 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2015e Medicare Utilization:** 2,753

**RUC Recommendation:** New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 0.52 **2016 Work RVU:** 0.52  
**2007 NF PE RVU:** 2.71 **2016 NF PE RVU:** 1.77  
**2007 Fac PE RVU:** 0.24 **2016 Fac PE RVU:** 0.31  
**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 **2015e Medicare Utilization:** 234

**RUC Recommendation:** New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 0.80 **2016 Work RVU:** 0.80  
**2007 NF PE RVU:** 3.08 **2016 NF PE RVU:** 2.44  
**2007 Fac PE RVU:** 0.29 **2016 Fac PE RVU:** 0.47  
**Result:** PE Only

**96409** Chemotherapy administration; intravenous, push technique, single or initial substance/drug **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2015e Medicare Utilization:** 143,635

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 0.24 **2016 Work RVU:** 0.24  
**2007 NF PE RVU:** 2.88 **2016 NF PE RVU:** 2.80  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:**

**96411** Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** **Tab** **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2015e Medicare Utilization:** 201,599

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 0.20 **2016 Work RVU:** 0.20  
**2007 NF PE RVU:** 1.58 **2016 NF PE RVU:** 1.51  
**2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA  
**Result:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>96413</b>	<b>Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug</b>	<b>Global:</b> XXX	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ASBMT	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 1,819,165	<b>2007 Work RVU:</b> 0.28 <b>2007 NF PE RVU:</b> 4.05 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.28 and new PE inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2016 Work RVU:</b> 0.28					<b>2016 NF PE RVU:</b> 3.44
					<b>2016 Fac PE RVU:</b> NA
<b>96415</b>	<b>Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ASBMT	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 959,078	<b>2007 Work RVU:</b> 0.19 <b>2007 NF PE RVU:</b> 0.74 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.19 and new PE inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2016 Work RVU:</b> 0.19
					<b>2016 NF PE RVU:</b> 0.59
					<b>2016 Fac PE RVU:</b> NA
<b>96416</b>	<b>Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump</b>	<b>Global:</b> XXX	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH	<b>First Identified:</b> February 2010	<b>2015e Medicare Utilization:</b> 117,248	<b>2007 Work RVU:</b> 0.21 <b>2007 NF PE RVU:</b> 4.47 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2016 Work RVU:</b> 0.21
					<b>2016 NF PE RVU:</b> 3.66
					<b>2016 Fac PE RVU:</b> NA



## Status Report: CMS Requests and Relativity Assessment Issues

<b>96417</b>	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)			<b>Global:</b> ZZZ	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ASBMT	<b>First Identified:</b> January 2012	<b>2015e Medicare Utilization:</b> 469,690	<b>2007 Work RVU:</b> 0.21 <b>2007 NF PE RVU:</b> 1.89 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.21 <b>2016 NF PE RVU:</b> 1.51 <b>2016 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.21 and new PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<b>96440</b>	Chemotherapy administration into pleural cavity, requiring and including thoracentesis			<b>Global:</b> 000	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> R	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> NA	<b>2015e Medicare Utilization:</b> 31	<b>2007 Work RVU:</b> 2.37 <b>2007 NF PE RVU:</b> 7.48 <b>2007 Fac PE RVU:</b> 1.17 <b>Result:</b> PE Only	<b>2016 Work RVU:</b> 2.37 <b>2016 NF PE RVU:</b> 21.15 <b>2016 Fac PE RVU:</b> 1.10	
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<b>96567</b>	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			<b>Global:</b> XXX	<b>Issue:</b> Photodynamic Therapy	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 43	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 133,296	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 2.4 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 3.80 <b>2016 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>96910</b>	<b>Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B</b>	<b>Global:</b> XXX	<b>Issue:</b> Photo-chemotherapy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 44	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> July 2015	<b>2015e Medicare Utilization:</b> 395,355	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.24 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> PE Only			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 2.01 <b>2016 Fac PE RVU:</b> NA
<b>96920</b>	<b>Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm</b>	<b>Global:</b> 000	<b>Issue:</b> Laser Treatment – Skin	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 108,452	<b>2007 Work RVU:</b> 1.15 <b>2007 NF PE RVU:</b> 2.8 <b>2007 Fac PE RVU:</b> 0.57 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.15			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Aug 2016	<b>2016 Work RVU:</b> 1.15 <b>2016 NF PE RVU:</b> 3.18 <b>2016 Fac PE RVU:</b> 0.70
<b>96921</b>	<b>Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm</b>	<b>Global:</b> 000	<b>Issue:</b> Laser Treatment – Skin	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 30,852	<b>2007 Work RVU:</b> 1.17 <b>2007 NF PE RVU:</b> 2.82 <b>2007 Fac PE RVU:</b> 0.57 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.30			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Aug 2016	<b>2016 Work RVU:</b> 1.30 <b>2016 NF PE RVU:</b> 3.48 <b>2016 Fac PE RVU:</b> 0.79

## Status Report: CMS Requests and Relativity Assessment Issues

96922 Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm			Global: 000	Issue: Laser Treatment – Skin	Screen: High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 21	Specialty Developing Recommendation: AAD	First Identified: October 2008	2015e Medicare Utilization: 17,058	2007 Work RVU: 2.10 2007 NF PE RVU: 3.77 2007 Fac PE RVU: 0.73 Result: Maintain	2016 Work RVU: 2.10 2016 NF PE RVU: 4.50 2016 Fac PE RVU: 1.27
RUC Recommendation: 2.10			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>		Published in CPT Asst: Aug 2016	
97001 Physical therapy evaluation			Global: XXX	Issue: Physical Medicine and Rehabilitation Workgroup	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 17	Specialty Developing Recommendation:	First Identified: September 2011	2015e Medicare Utilization: 2,511,828	2007 Work RVU: 1.20 2007 NF PE RVU: 0.73 2007 Fac PE RVU: NA Result: Deleted from CPT	2016 Work RVU: 1.20 2016 NF PE RVU: 0.86 2016 Fac PE RVU: NA
RUC Recommendation: Deleted from CPT			Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
97002 Physical therapy re-evaluation			Global: XXX	Issue: Physical Medicine and Rehabilitation Workgroup	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 17	Specialty Developing Recommendation:	First Identified: February 2015	2015e Medicare Utilization: 527,707	2007 Work RVU: 0.60 2007 NF PE RVU: 0.43 2007 Fac PE RVU: NA Result: Deleted from CPT	2016 Work RVU: 0.60 2016 NF PE RVU: 0.56 2016 Fac PE RVU: NA
RUC Recommendation: Deleted from CPT			Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

## Status Report: CMS Requests and Relativity Assessment Issues

### 97003 Occupational therapy evaluation

Global: XXX

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 17

Specialty Developing  
Recommendation:

First  
Identified: February 2015

2015e  
Medicare  
Utilization: 188,980

2007 Work RVU: 1.20

2016 Work RVU: 1.20

2007 NF PE RVU: 0.86

2016 NF PE RVU: 1.14

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Deleted from CPT

### 97004 Occupational therapy re-evaluation

Global: XXX

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 17

Specialty Developing  
Recommendation:

First  
Identified: February 2015

2015e  
Medicare  
Utilization: 30,615

2007 Work RVU: 0.60

2016 Work RVU: 0.60

2007 NF PE RVU: 0.64

2016 NF PE RVU: 0.86

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Deleted from CPT

### 97010 Application of a modality to 1 or more areas; hot or cold packs

Global: XXX

Issue: Physical Medicine and Rehabilitation Services - Modalities

Screen: Physical Medicine and Rehabilitation Services

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 47

Specialty Developing  
Recommendation: APTA, AOTA

First  
Identified:

2015e  
Medicare  
Utilization:

2007 Work RVU: 0.06

2016 Work RVU: 0.06

2007 NF PE RVU: 0.06

2016 NF PE RVU: 0.10

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

RUC Recommendation: Refer to CPT

Referred to CPT September 2016

Referred to CPT Asst ☐ Published in CPT Asst:

Result:

## Status Report: CMS Requests and Relativity Assessment Issues

**97012** Application of a modality to 1 or more areas; traction, mechanical

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:** APTA, AOTA

**First Identified:**

**2015e Medicare Utilization:** 562,833

**2007 Work RVU:** 0.25

**2016 Work RVU:** 0.25

**2007 NF PE RVU:** 0.13

**2016 NF PE RVU:** 0.19

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

**97014** Application of a modality to 1 or more areas; electrical stimulation (unattended)

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:** APTA, AOTA

**First Identified:**

**2015e Medicare Utilization:**

**2007 Work RVU:** 0.18

**2016 Work RVU:** 0.18

**2007 NF PE RVU:** 0.19

**2016 NF PE RVU:** 0.26

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

**97016** Application of a modality to 1 or more areas; vasopneumatic devices

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:** AOTA, APTA, AAPM&R

**First Identified:** February 2010

**2015e Medicare Utilization:** 482,322

**2007 Work RVU:** 0.18

**2016 Work RVU:** 0.18

**2007 NF PE RVU:** 0.2

**2016 NF PE RVU:** 0.35

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

## Status Report: CMS Requests and Relativity Assessment Issues

**97018** Application of a modality to 1 or more areas; paraffin bath

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:**

AOTA, APTA, AAPM&R

**First Identified:** February 2010

**2015e Medicare Utilization:** 132,751

**2007 Work RVU:** 0.06

**2016 Work RVU:** 0.06

**2007 NF PE RVU:** 0.12

**2016 NF PE RVU:** 0.24

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

**97022** Application of a modality to 1 or more areas; whirlpool

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:**

APTA, AOTA

**First Identified:**

**2015e Medicare Utilization:** 176,212

**2007 Work RVU:** 0.17

**2016 Work RVU:** 0.17

**2007 NF PE RVU:** 0.24

**2016 NF PE RVU:** 0.48

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

**97024** Application of a modality to 1 or more areas; diathermy (eg, microwave)

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:**

APTA, AOTA

**First Identified:**

**2015e Medicare Utilization:** 26,945

**2007 Work RVU:** 0.06

**2016 Work RVU:** 0.06

**2007 NF PE RVU:** 0.07

**2016 NF PE RVU:** 0.11

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

## Status Report: CMS Requests and Relativity Assessment Issues

**97026** Application of a modality to 1 or more areas; infrared

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:**

APTA, AOTA

**First Identified:**

**2015e Medicare Utilization:** 66,329

**2007 Work RVU:** 0.06

**2016 Work RVU:** 0.06

**2007 NF PE RVU:** 0.06

**2016 NF PE RVU:** 0.10

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

**97028** Application of a modality to 1 or more areas; ultraviolet

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:**

APTA, AOTA

**First Identified:**

**2015e Medicare Utilization:** 5,030

**2007 Work RVU:** 0.08

**2016 Work RVU:** 0.08

**2007 NF PE RVU:** 0.07

**2016 NF PE RVU:** 0.12

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

**97032** Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:**

APTA, AOTA

**First Identified:** July 2015

**2015e Medicare Utilization:** 1,125,555

**2007 Work RVU:** 0.25

**2016 Work RVU:** 0.25

**2007 NF PE RVU:** 0.17

**2016 NF PE RVU:** 0.28

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** September 2016

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>97033</b>	<b>Application of a modality to 1 or more areas; iontophoresis, each 15 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 111,833	<b>2007 Work RVU:</b> 0.26 <b>2007 NF PE RVU:</b> 0.31 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.26 <b>2016 NF PE RVU:</b> 0.47 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>

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<b>97034</b>	<b>Application of a modality to 1 or more areas; contrast baths, each 15 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 7,583	<b>2007 Work RVU:</b> 0.21 <b>2007 NF PE RVU:</b> 0.16 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.21 <b>2016 NF PE RVU:</b> 0.29 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>

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<b>97035</b>	<b>Application of a modality to 1 or more areas; ultrasound, each 15 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Low Value-High Volume / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 2,760,456	<b>2007 Work RVU:</b> 0.21 <b>2007 NF PE RVU:</b> 0.1 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.21 <b>2016 NF PE RVU:</b> 0.13 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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# Status Report: CMS Requests and Relativity Assessment Issues

**97036** Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** No

**Most Recent RUC Meeting:** April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2015e Medicare Utilization:** 2,335 **2007 Work RVU:** 0.28 **2016 Work RVU:** 0.28 **2007 NF PE RVU:** 0.35 **2016 NF PE RVU:** 0.64 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97110** Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** April 2016 **Tab** 47 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2015e Medicare Utilization:** 48,928,218 **2007 Work RVU:** 0.45 **2016 Work RVU:** 0.45 **2007 NF PE RVU:** 0.28 **2016 NF PE RVU:** 0.44 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Refer to CPT **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97112** Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2015e Medicare Utilization:** 9,786,695 **2007 Work RVU:** 0.45 **2016 Work RVU:** 0.45 **2007 NF PE RVU:** 0.32 **2016 NF PE RVU:** 0.48 **2007 Fac PE RVU:** NA **2016 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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**97113** Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises      **Global:** XXX      **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** No

**Most Recent RUC Meeting:** April 2016      **Tab** 47      **Specialty Developing Recommendation:** APTA, AOTA      **First Identified:** July 2015      **2015e Medicare Utilization:** 1,653,710      **2007 Work RVU:** 0.44      **2016 Work RVU:** 0.44  
**2007 NF PE RVU:** 0.43      **2016 NF PE RVU:** 0.76  
**2007 Fac PE RVU:** NA      **2016 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**97116** Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)      **Global:** XXX      **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic      **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2      **Complete?** No

**Most Recent RUC Meeting:** April 2016      **Tab** 47      **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R      **First Identified:** February 2010      **2015e Medicare Utilization:** 1,851,492      **2007 Work RVU:** 0.40      **2016 Work RVU:** 0.40  
**2007 NF PE RVU:** 0.25      **2016 NF PE RVU:** 0.39  
**2007 Fac PE RVU:** NA      **2016 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Refer to CPT      **Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**97124** Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)      **Global:** XXX      **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic      **Screen:** Physical Medicine and Rehabilitation Services      **Complete?** No

**Most Recent RUC Meeting:** April 2016      **Tab** 47      **Specialty Developing Recommendation:** APTA, AOTA      **First Identified:**      **2015e Medicare Utilization:** 401,056      **2007 Work RVU:** 0.35      **2016 Work RVU:** 0.35  
**2007 NF PE RVU:** 0.24      **2016 NF PE RVU:** 0.38  
**2007 Fac PE RVU:** NA      **2016 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**97140** Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes      **Global:** XXX      **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic      **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2      **Complete?** No

**Most Recent RUC Meeting:** April 2016      **Tab** 47      **Specialty Developing Recommendation:** APTA, AOTA      **First Identified:** September 2011      **2015e Medicare Utilization:** 23,027,747      **2007 Work RVU:** 0.43      **2016 Work RVU:** 0.43  
**2007 NF PE RVU:** 0.26      **2016 NF PE RVU:** 0.40  
**2007 Fac PE RVU:** NA      **2016 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Refer to CPT      **Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97150** Therapeutic procedure(s), group (2 or more individuals)      **Global:** XXX      **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic      **Screen:** CMS-Other - Utilization over 500,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab** 47      **Specialty Developing Recommendation:** APTA, AOTA      **First Identified:** April 2011      **2015e Medicare Utilization:** 966,573      **2007 Work RVU:** 0.27      **2016 Work RVU:** 0.29  
**2007 NF PE RVU:** 0.19      **2016 NF PE RVU:** 0.19  
**2007 Fac PE RVU:** NA      **2016 Fac PE RVU:** NA  
**Result:** Increase

**RUC Recommendation:** 0.29      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97161X**      **Global:**      **Issue:** Physical Medicine and Rehabilitation Services      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent RUC Meeting:** October 2015      **Tab** 17      **Specialty Developing Recommendation:** AOTA, APTA      **First Identified:** February 2015      **2015e Medicare Utilization:**      **2007 Work RVU:**      **2016 Work RVU:**  
**2007 NF PE RVU:**      **2016 NF PE RVU:**  
**2007 Fac PE RVU:**      **2016 Fac PE RVU:**  
**Result:** Decrease

**RUC Recommendation:** 0.75      **Referred to CPT** February 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

97162X

Global:

Issue: Physical Medicine and Rehabilitation Services

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 17

Specialty Developing Recommendation: AOTA, APTA

First Identified: February 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Decrease

RUC Recommendation: 1.18

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

97163X

Global:

Issue: Physical Medicine and Rehabilitation Services

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 17

Specialty Developing Recommendation: AOTA, APTA

First Identified: February 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Maintain

RUC Recommendation: 1.50

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

97164X

Global:

Issue: Physical Medicine and Rehabilitation Services

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 17

Specialty Developing Recommendation: AOTA, APTA

First Identified: February 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Increase

RUC Recommendation: 0.75

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

97165X

Global:

Issue: Physical Medicine and Rehabilitation Services

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 17

Specialty Developing Recommendation: AOTA, APTA

First Identified: February 2015

2015e  
Medicare  
Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

Result: Decrease

RUC Recommendation: 0.88

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

97166X

**Global:** **Issue:** Physical Medicine and Rehabilitation Services

**Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 17 Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Maintain

**RUC Recommendation:** 1.20

**Referred to CPT** February 2015

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

97167X

**Global:** **Issue:** Physical Medicine and Rehabilitation Services

**Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 17 Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Increase

**RUC Recommendation:** 1.70

**Referred to CPT** February 2015

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

97168X

**Global:** **Issue:** Physical Medicine and Rehabilitation Services

**Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 17 Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:**

**2007 NF PE RVU:**

**2016 NF PE RVU:**

**2007 Fac PE RVU:**

**2016 Fac PE RVU:**

**Result:** Increase

**RUC Recommendation:** 0.80

**Referred to CPT** February 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>97530</b>	<b>Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47 <b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 9,530,500	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 0.34 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.44 <b>2016 NF PE RVU:</b> 0.53 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>97532</b>	<b>Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> High Volume Growth2 / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 303,618	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 0.21 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from screen	<b>2016 Work RVU:</b> 0.44 <b>2016 NF PE RVU:</b> 0.30 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> April 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>97533</b>	<b>Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 8,931	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 0.25 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.44 <b>2016 NF PE RVU:</b> 0.37 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> April 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>97535</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> AAFP, ACP, APTA, AOTA, ACCP, ATS	<b>First Identified:</b> October 2012	<b>2015e Medicare Utilization:</b> 1,130,594	<b>2007 Work RVU:</b> 0.45 <b>2016 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.34 <b>2016 NF PE RVU:</b> 0.52 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> April 2017	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article no longer necessary
<b>97537</b>	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b>	<b>2015e Medicare Utilization:</b> 4,209	<b>2007 Work RVU:</b> 0.45 <b>2016 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.27 <b>2016 NF PE RVU:</b> 0.38 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> April 2017	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>97542</b>	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 31,995	<b>2007 Work RVU:</b> 0.45 <b>2016 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.28 <b>2016 NF PE RVU:</b> 0.40 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> February 2017	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	Global: 000	Issue: Excision and Debridement	Screen: Site of Service Anomaly / High Volume Growth3	Complete? No		
Most Recent RUC Meeting:	April 2016	Tab 47	Specialty Developing Recommendation: APTA, APMA	First Identified: September 2007	2015e Medicare Utilization: 1,018,502	2007 Work RVU: 0.58	2016 Work RVU: 0.51
						2007 NF PE RVU: 0.77	2016 NF PE RVU: 1.59
						2007 Fac PE RVU: 0.53	2016 Fac PE RVU: 0.13
RUC Recommendation:	Review 2017. 0.54			Referred to CPT October 2009		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Excision and Debridement	Screen: Site of Service Anomaly / High Volume Growth3	Complete? No		
Most Recent RUC Meeting:	April 2016	Tab 47	Specialty Developing Recommendation: APTA, APMA	First Identified: September 2007	2015e Medicare Utilization: 132,611	2007 Work RVU: 0.80	2016 Work RVU: 0.24
						2007 NF PE RVU: 0.91	2016 NF PE RVU: 0.44
						2007 Fac PE RVU: 0.64	2016 Fac PE RVU: 0.06
RUC Recommendation:	Review 2017. 0.40			Referred to CPT October 2009		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	Global: XXX	Issue: Physical Medicine and Rehabilitation Services - Active Wound Care Management	Screen: Physical Medicine and Rehabilitation Services	Complete? Yes		
Most Recent RUC Meeting:	April 2016	Tab 47	Specialty Developing Recommendation: AAOS, ACS, APMA, ASPS	First Identified:	2015e Medicare Utilization:	2007 Work RVU: 0.00	2016 Work RVU: 0.00
						2007 NF PE RVU: 0	2016 NF PE RVU: 0.00
						2007 Fac PE RVU: 0	2016 Fac PE RVU: 0.00
RUC Recommendation:	Maintain			Referred to CPT		Result: Maintain	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>97605</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Negative Pressure Wound Therapy	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACS, APMA, ASPS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 44,231	<b>2007 Work RVU:</b> 0.55 <b>2007 NF PE RVU:</b> 0.36 <b>2007 Fac PE RVU:</b> 0.2 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 0.55 <b>2016 NF PE RVU:</b> 0.59 <b>2016 Fac PE RVU:</b> 0.14
<b>RUC Recommendation:</b> 0.55			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>97606</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Negative Pressure Wound Therapy	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APMA, ACS, AAOS, ASPS	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 13,194	<b>2007 Work RVU:</b> 0.60 <b>2007 NF PE RVU:</b> 0.37 <b>2007 Fac PE RVU:</b> 0.21 <b>Result:</b> Maintain <b>2016 Work RVU:</b> 0.60 <b>2016 NF PE RVU:</b> 0.75 <b>2016 Fac PE RVU:</b> 0.15
<b>RUC Recommendation:</b> 0.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>97607</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Negative Pressure Wound Therapy	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APMA, ACS, AAOS, ASPS	<b>First Identified:</b> May 2013	<b>2015e Medicare Utilization:</b> 1,001	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease <b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 0.11			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# 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:** April 2016

**Tab** 47

**Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS

**First Identified:** May 2013

**2015e Medicare Utilization:** 323

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.00

**Result:** Decrease

**RUC Recommendation:** 0.46

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**97610** Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:**

**First Identified:**

**2015e Medicare Utilization:** 1,508

**2007 Work RVU:**

**2016 Work RVU:** 0.35

**2007 NF PE RVU:**

**2016 NF PE RVU:** 2.99

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.09

**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**97750** Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab** 47

**Specialty Developing Recommendation:** APTA, AOTA

**First Identified:**

**2015e Medicare Utilization:** 146,359

**2007 Work RVU:** 0.45

**2016 Work RVU:** 0.45

**2007 NF PE RVU:** 0.32

**2016 NF PE RVU:** 0.46

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** February 2017

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>97755</b>	<b>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</b>	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Servicesn - Tests and Measures	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APMA, ACS, AAOS, ASPS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 2,206	<b>2007 Work RVU:</b> 0.62 <b>2007 NF PE RVU:</b> 0.28 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.62 <b>2016 NF PE RVU:</b> 0.37 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen

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<b>97760</b>	<b>Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Orthotic/Prosthetic Management	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 56,445	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.36 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.45 <b>2016 NF PE RVU:</b> 0.60 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>

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<b>97761</b>	<b>Prosthetic training, upper and/or lower extremity(s), each 15 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Orthotic/Prosthetic Management	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 6,198	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.29 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.45 <b>2016 NF PE RVU:</b> 0.46 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>

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## Status Report: CMS Requests and Relativity Assessment Issues

**97762** Checkout for orthotic/prosthetic use, established patient, each 15 minutes      **Global:** XXX      **Issue:** Physical Medicine and Rehabilitation Services - Orthotic/Prosthetic Management      **Screen:** Physical Medicine and Rehabilitation Services      **Complete?** No

**Most Recent RUC Meeting:** April 2016      **Tab** 47      **Specialty Developing Recommendation:** APTA, AOTA      **First Identified:** April 2016      **2015e Medicare Utilization:** 14,147      **2007 Work RVU:** 0.25      **2016 Work RVU:** 0.25  
**2007 NF PE RVU:** 0.5      **2016 NF PE RVU:** 1.08  
**2007 Fac PE RVU:** NA      **2016 Fac PE RVU:** NA  
**Result:**

**RUC Recommendation:** Survey      **Referred to CPT**  
**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      **2015e Medicare Utilization:** 214,250      **2007 Work RVU:** 0.45      **2016 Work RVU:** 0.53  
**2007 NF PE RVU:** 0.39      **2016 NF PE RVU:** 0.43  
**2007 Fac PE RVU:** 0.38      **2016 Fac PE RVU:** 0.37  
**Result:** Increase

**RUC Recommendation:** 0.53      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97803** Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes      **Global:** XXX      **Issue:** Medical Nutrition Therapy      **Screen:** CMS Request - Medical Nutrition Therapy      **Complete?** Yes

**Most Recent RUC Meeting:** April 2008      **Tab** 53      **Specialty Developing Recommendation:** ADA, AGA, AACE      **First Identified:** NA      **2015e Medicare Utilization:** 185,396      **2007 Work RVU:** 0.37      **2016 Work RVU:** 0.45  
**2007 NF PE RVU:** 0.38      **2016 NF PE RVU:** 0.38  
**2007 Fac PE RVU:** 0.38      **2016 Fac PE RVU:** 0.31  
**Result:** Increase

**RUC Recommendation:** 0.45      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**98925** Osteopathic manipulative treatment (OMT); 1-2 body regions involved      **Global:** 000      **Issue:** Osteopathic Manipulative Treatment      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** February 2011      **Tab** 34      **Specialty Developing Recommendation:** AOA      **First Identified:** February 2010      **2015e Medicare Utilization:** 76,528      **2007 Work RVU:** 0.45      **2016 Work RVU:** 0.46  
**2007 NF PE RVU:** 0.31      **2016 NF PE RVU:** 0.40  
**2007 Fac PE RVU:** 0.14      **2016 Fac PE RVU:** 0.18  
**Result:** Increase

**RUC Recommendation:** 0.50      **Referred to CPT**  
**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      **2015e Medicare Utilization:** 109,263      **2007 Work RVU:** 0.65      **2016 Work RVU:** 0.71  
**2007 NF PE RVU:** 0.4      **2016 NF PE RVU:** 0.54  
**2007 Fac PE RVU:** 0.23      **2016 Fac PE RVU:** 0.27  
**Result:** Increase

**RUC Recommendation:** 0.75      **Referred to CPT**  
**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      **2015e Medicare Utilization:** 92,405      **2007 Work RVU:** 0.87      **2016 Work RVU:** 0.96  
**2007 NF PE RVU:** 0.49      **2016 NF PE RVU:** 0.66  
**2007 Fac PE RVU:** 0.28      **2016 Fac PE RVU:** 0.33  
**Result:** Increase

**RUC Recommendation:** 1.00      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**98928** Osteopathic manipulative treatment (OMT); 7-8 body regions involved      **Global:** 000      **Issue:** Osteopathic Manipulative Treatment      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** February 2011      **Tab** 34      **Specialty Developing Recommendation:** AOA      **First Identified:** February 2010      **2015e Medicare Utilization:** 92,738      **2007 Work RVU:** 1.03      **2016 Work RVU:** 1.21  
**2007 NF PE RVU:** 0.57      **2016 NF PE RVU:** 0.78  
**2007 Fac PE RVU:** 0.32      **2016 Fac PE RVU:** 0.42  
**Result:** Increase

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

# Status Report: CMS Requests and Relativity Assessment Issues

**98929 Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

**Global:** 000

**Issue:** Osteopathic Manipulative Treatment

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

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 34

**Specialty Developing Recommendation:** AOA

**First Identified:** February 2010

**2015e Medicare Utilization:** 62,776

**2007 Work RVU:** 1.19

**2016 Work RVU:** 1.46

**2007 NF PE RVU:** 0.65

**2016 NF PE RVU:** 0.92

**2007 Fac PE RVU:** 0.35

**2016 Fac PE RVU:** 0.50

**Result:** Increase

**RUC Recommendation:** 1.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**98940 Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

**Global:** 000

**Issue:** Chiropractic Manipulative Treatment

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 25

**Specialty Developing Recommendation:** ACA

**First Identified:** September 2011

**2015e Medicare Utilization:** 6,184,109

**2007 Work RVU:** 0.45

**2016 Work RVU:** 0.46

**2007 NF PE RVU:** 0.23

**2016 NF PE RVU:** 0.32

**2007 Fac PE RVU:** 0.12

**2016 Fac PE RVU:** 0.16

**Result:** Increase

**RUC Recommendation:** 0.46

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**98941 Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**

**Global:** 000

**Issue:** Chiropractic Manipulative Treatment

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 25

**Specialty Developing Recommendation:** ACA

**First Identified:** September 2011

**2015e Medicare Utilization:** 13,252,321

**2007 Work RVU:** 0.65

**2016 Work RVU:** 0.71

**2007 NF PE RVU:** 0.29

**2016 NF PE RVU:** 0.42

**2007 Fac PE RVU:** 0.17

**2016 Fac PE RVU:** 0.24

**Result:** Increase

**RUC Recommendation:** 0.71

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**98942 Chiropractic manipulative treatment (CMT); spinal, 5 regions**

**Global:** 000

**Issue:** Chiropractic Manipulative Treatment

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 25

**Specialty Developing Recommendation:** ACA

**First Identified:** September 2011

**2015e Medicare Utilization:** 1,191,452

**2007 Work RVU:** 0.87

**2016 Work RVU:** 0.96

**2007 NF PE RVU:** 0.36

**2016 NF PE RVU:** 0.50

**2007 Fac PE RVU:** 0.23

**2016 Fac PE RVU:** 0.33

**Result:** Increase

**RUC Recommendation:** 0.96

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>98943</b>	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	<b>Global:</b> XXX	<b>Issue:</b> Chiropractic Manipulative Treatment	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACA	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.40 <b>2007 NF PE RVU:</b> 0.22 <b>2007 Fac PE RVU:</b> 0.14 <b>Result:</b> Increase	<b>2016 Work RVU:</b> 0.46 <b>2016 NF PE RVU:</b> 0.28 <b>2016 Fac PE RVU:</b> 0.18
<b>RUC Recommendation:</b> 0.46		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>99143</b>	Deleted from CPT	<b>Global:</b> XXX	<b>Issue:</b> Moderate Sedation Services	<b>Screen:</b> Moderate Sedation Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b> 17	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.00 <b>2016 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

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## Status Report: CMS Requests and Relativity Assessment Issues

**99144** Deleted from CPT

**Global:** XXX

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2015e Medicare Utilization:** 526,709

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:** 0.00

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Deleted from CPT

**99148** Deleted from CPT

**Global:** XXX

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2015e Medicare Utilization:** 9

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:** 0.00

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

**99149** Deleted from CPT

**Global:** XXX

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2015e Medicare Utilization:** 4,934

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:** 0.00

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**99150** Deleted from CPT

**Global:** ZZZ

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2015e Medicare Utilization:** 992

**2007 Work RVU:** 0.00

**2016 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:** 0

**2016 Fac PE RVU:** 0.00

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>99174</b>	<b>Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Instrument-Based Ocular Screening (PE Only)	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** September 2014

**Tab 09** **Specialty Developing Recommendation:** AAP, AAO

**First Identified:** NA

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** PE Only

**Referred to CPT** May 2014

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

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<b>99177</b>	<b>Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis</b>	<b>Global:</b> XXX	<b>Issue:</b> Instrument-Based Ocular Screening (PE Only)	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** September 2014

**Tab 09** **Specialty Developing Recommendation:**

**First Identified:** May 2014

**2015e Medicare Utilization:**

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** PE Only

**Referred to CPT** May 2014

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

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<b>99183</b>	<b>Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session</b>	<b>Global:</b> XXX	<b>Issue:</b> Hyperbaric Oxygen Therapy	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2014

**Tab 33** **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA

**First Identified:** April 2013

**2015e Medicare Utilization:** 563,228

**2007 Work RVU:** 2.34

**2016 Work RVU:** 2.11

**2007 NF PE RVU:** 3.08

**2016 NF PE RVU:** 0.77

**2007 Fac PE RVU:** 0.69

**2016 Fac PE RVU:** 0.77

**Result:** Decrease

**RUC Recommendation:** 2.11

**Referred to CPT**

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

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## Status Report: CMS Requests and Relativity Assessment Issues

991X1X

Global:

Issue: Moderate Sedation Services

Screen: Moderate Sedation Review

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 14

Specialty Developing  
Recommendation:

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

First  
Identified: January 2014

2015e  
Medicare  
Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU:

2016 Work RVU:

2016 NF PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 0.50

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Maintain

991X2X

Global:

Issue: Moderate Sedation Services

Screen: Moderate Sedation Review

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 14

Specialty Developing  
Recommendation:

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

First  
Identified: January 2014

2015e  
Medicare  
Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU:

2016 Work RVU:

2016 NF PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 0.25

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

991X3X

Global:

Issue: Moderate Sedation Services

Screen: Moderate Sedation Review

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 14

Specialty Developing  
Recommendation:

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

First  
Identified: January 2014

2015e  
Medicare  
Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU:

2016 Work RVU:

2016 NF PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 1.90

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Maintain

991X4X

Global:

Issue: Moderate Sedation Services

Screen: Moderate Sedation Review

Complete? Yes

Most Recent  
RUC Meeting: October 2015

Tab 14

Specialty Developing  
Recommendation:

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

First  
Identified: January 2014

2015e  
Medicare  
Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU:

2016 Work RVU:

2016 NF PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 1.84

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**99375** Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

**Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab 47 Specialty Developing Recommendation:**

**First Identified:** April 2016

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.73

**2016 Work RVU:** 1.73

**2007 NF PE RVU:** 1.35

**2016 NF PE RVU:** 1.12

**2007 Fac PE RVU:** 1.26

**2016 Fac PE RVU:** 0.66

**RUC Recommendation:** Survey

**Referred to CPT**

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

**Result:**

**99378** Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

**Global:** XXX **Issue:** Home Healthcare Supervision

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab 47 Specialty Developing Recommendation:**

**First Identified:** April 2016

**2015e Medicare Utilization:**

**2007 Work RVU:** 1.73

**2016 Work RVU:** 1.73

**2007 NF PE RVU:** 1.64

**2016 NF PE RVU:** 1.12

**2007 Fac PE RVU:** 1.56

**2016 Fac PE RVU:** 0.66

**RUC Recommendation:** Survey

**Referred to CPT**

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

**Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>99497</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Advance Care Planning	<b>Screen:</b> RUC Referral to CPT Assistant	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b> AAFP, AAN, ACP, ACCP, AGS, ATS	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b>	<b>2016 Work RVU:</b> 1.50 <b>2016 NF PE RVU:</b> 0.80 <b>2016 Fac PE RVU:</b> 0.62
<b>RUC Recommendation:</b> Review in 3 years and refer to CPT Assistant	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2014			
<b>99498</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Advance Care Planning	<b>Screen:</b> RUC Referral to CPT Assistant	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b> AAFP, AAN, ACP, ACCP, AGS, ATS	<b>First Identified:</b> January 2014	<b>2015e Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b>	<b>2016 Work RVU:</b> 1.40 <b>2016 NF PE RVU:</b> 0.59 <b>2016 Fac PE RVU:</b> 0.58
<b>RUC Recommendation:</b> Review in 3 years and refer to CPT Assistant	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2014			
<b>G0101</b>	Cervical or vaginal cancer screening; pelvic and clinical breast examination	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> Low Value-High Volume / CMS-Other - Utilization over 250,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47 <b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 1,007,983	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.51 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.45 <b>2016 NF PE RVU:</b> 0.58 <b>2016 Fac PE RVU:</b> 0.29
<b>RUC Recommendation:</b> Review action plan	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

## G0104 Colorectal cancer screening; flexible sigmoidoscopy

Global: 000

Issue: Flexible Sigmoidoscopy

Screen: MPC List

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab 09

Specialty Developing  
Recommendation:

AGA, ASGE,  
ACG,  
ASCRS,  
SAGES, ACS

First  
Identified: January 2014

2015e  
Medicare  
Utilization: 2,355

2007 Work RVU: 0.96

2016 Work RVU: 0.84

2007 NF PE RVU: 2.33

2016 NF PE RVU: 3.78

2007 Fac PE RVU: 0.53

2016 Fac PE RVU: 0.67

RUC Recommendation: 0.84

Referred to CPT October 2013

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## 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

2015e  
Medicare  
Utilization: 229,151

2007 Work RVU: 3.69

2016 Work RVU: 3.36

2007 NF PE RVU: 6.2

2016 NF PE RVU: 6.94

2007 Fac PE RVU: 1.57

2016 Fac PE RVU: 1.75

RUC Recommendation: 3.36

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## G0108 Diabetes outpatient self-management training services, individual, per 30 minutes

Global: XXX

Issue: RAW

Screen: CMS-Other - Utilization  
over 100,000

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 47

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015e  
Medicare  
Utilization: 136,152

2007 Work RVU: 0.00

2016 Work RVU: 0.90

2007 NF PE RVU: 0.77

2016 NF PE RVU: 0.54

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

RUC Recommendation: Review action plan

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result:

## G0109 Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes

Global: XXX

Issue: RAW

Screen: CMS-Other - Utilization  
over 100,000

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 47

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015e  
Medicare  
Utilization: 102,995

2007 Work RVU: 0.00

2016 Work RVU: 0.25

2007 NF PE RVU: 0.44

2016 NF PE RVU: 0.14

2007 Fac PE RVU: NA

2016 Fac PE RVU: NA

RUC Recommendation: Review action plan

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result:

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>G0121</b>	<b>Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2015e Medicare Utilization:</b> 249,722	<b>2007 Work RVU:</b> 3.69	<b>2016 Work RVU:</b> 3.36
					<b>2007 NF PE RVU:</b> 6.2	<b>2016 NF PE RVU:</b> 6.94
					<b>2007 Fac PE RVU:</b> 1.57	<b>2016 Fac PE RVU:</b> 1.75
<b>RUC Recommendation:</b> 3.36			<b>Referred to CPT</b>		<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>G0127</b>	<b>Trimming of dystrophic nails, any number</b>	<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 51	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> April 2011	<b>2015e Medicare Utilization:</b> 810,754	<b>2007 Work RVU:</b> 0.17	<b>2016 Work RVU:</b> 0.17
					<b>2007 NF PE RVU:</b> 0.28	<b>2016 NF PE RVU:</b> 0.48
					<b>2007 Fac PE RVU:</b> 0.07	<b>2016 Fac PE RVU:</b> 0.04
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>G0166</b>	<b>External counterpulsation, per treatment session</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 146,614	<b>2007 Work RVU:</b> 0.07	<b>2016 Work RVU:</b> 0.07
					<b>2007 NF PE RVU:</b> 3.81	<b>2016 NF PE RVU:</b> 3.77
					<b>2007 Fac PE RVU:</b> NA	<b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review action plan			<b>Referred to CPT</b>		<b>Result:</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>G0179</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Physician Recertification	<b>Screen:</b> CMS Fastest Growing / CMS-Other - Utilization over 250,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> AAFP, ACP, AAHCP	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 1,012,538	<b>2007 Work RVU:</b> 0.45 <b>2016 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.89 <b>2016 NF PE RVU:</b> 0.68 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> Survey			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>G0180</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Physician Recertification	<b>Screen:</b> CMS Fastest Growing / CMS-Other - Utilization over 250,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> AAFP, ACP, AAHCP	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 1,223,781	<b>2007 Work RVU:</b> 0.67 <b>2016 Work RVU:</b> 0.67 <b>2007 NF PE RVU:</b> 1.09 <b>2016 NF PE RVU:</b> 0.79 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> Survey			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>G0181</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Home Healthcare Supervision	<b>Screen:</b> CMS Fastest Growing / CMS-Other - Utilization over 250,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> AAFP, ACP	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 376,326	<b>2007 Work RVU:</b> 1.73 <b>2016 Work RVU:</b> 1.73 <b>2007 NF PE RVU:</b> 1.32 <b>2016 NF PE RVU:</b> 1.19 <b>2007 Fac PE RVU:</b> NA <b>2016 Fac PE RVU:</b> NA <b>Result:</b>
<b>RUC Recommendation:</b> Recommend deletion after review of 99375 and 99378			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

**G0182** Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more

**Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

**Most Recent RUC Meeting:** April 2016

**Tab 47 Specialty Developing Recommendation:**

**First Identified:** April 2016

**2015e Medicare Utilization:** 29,079

**2007 Work RVU:** 1.73

**2016 Work RVU:** 1.73

**2007 NF PE RVU:** 1.46

**2016 NF PE RVU:** 1.21

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** Recommend deletion after review of 99375 and 99378

**Referred to CPT**

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

**G0202** Screening mammography, producing direct digital image, bilateral, all views

**Global:** XXX

**Issue:** Mammography

**Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 20 Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2015e Medicare Utilization:** 5,637,670

**2007 Work RVU:** 0.70

**2016 Work RVU:** 0.70

**2007 NF PE RVU:** 2.74

**2016 NF PE RVU:** 3.02

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Deleted from CPT

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT** October 2015

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

**G0204** Diagnostic mammography, producing direct digital image, bilateral, all views

**Global:** XXX

**Issue:** Mammography

**Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 20 Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2015e Medicare Utilization:** 618,104

**2007 Work RVU:** 0.87

**2016 Work RVU:** 0.87

**2007 NF PE RVU:** 2.87

**2016 NF PE RVU:** 3.67

**2007 Fac PE RVU:** NA

**2016 Fac PE RVU:** NA

**Result:** Deleted from CPT

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT** October 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>G0206</b>	<b>Diagnostic mammography, producing direct digital image, unilateral, all views</b>	<b>Global:</b> XXX	<b>Issue:</b> Mammography	<b>Screen:</b> CMS Fastest Growing / CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 764,486	<b>2007 Work RVU:</b> 0.70 <b>2007 NF PE RVU:</b> 2.31 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2016 Work RVU:</b> 0.70 <b>2016 NF PE RVU:</b> 2.87 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Assume CMS will delete		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>G0237</b>	<b>Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)</b>	<b>Global:</b> XXX	<b>Issue:</b> Respiratory Therapy	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 101,621	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.41 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.27 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen - RUC articulated concerns regarding claims reporting to CMS		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>G0238</b>	<b>Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)</b>	<b>Global:</b> XXX	<b>Issue:</b> Respiratory Therapy	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 145,581	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.43 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 0.29 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen - RUC articulated concerns regarding claims reporting to CMS		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>G0248</b>	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> January 2016	<b>2015e Medicare Utilization:</b> 35,452	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 5.8 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 3.10 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT to create Category I code	<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>				
<b>G0249</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Home INR Monitoring	<b>Screen:</b> CMS Fastest Growing / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 1,320,546	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.57 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.00 <b>2016 NF PE RVU:</b> 3.11 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT to create Category I code	<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>				
<b>G0250</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Home INR Monitoring	<b>Screen:</b> CMS Fastest Growing / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 260,813	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.07 <b>2007 Fac PE RVU:</b> NA <b>Result:</b>	<b>2016 Work RVU:</b> 0.18 <b>2016 NF PE RVU:</b> 0.06 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT to create Category I code	<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>				

# Status Report: CMS Requests and Relativity Assessment Issues

<b>G0268</b>	<b>Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing</b>	<b>Global:</b> 000	<b>Issue:</b> Removal of Wax	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2008	<b>2015e Medicare Utilization:</b> 144,473	<b>2007 Work RVU:</b> 0.61 <b>2007 NF PE RVU:</b> 0.63 <b>2007 Fac PE RVU:</b> 0.23 <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 0.61 <b>2016 NF PE RVU:</b> 0.82 <b>2016 Fac PE RVU:</b> 0.27
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>G0270</b>	<b>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</b>	<b>Global:</b> XXX	<b>Issue:</b> Medical Nutrition Therapy	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S <b>Specialty Developing Recommendation:</b> ADA	<b>First Identified:</b> February 2008	<b>2015e Medicare Utilization:</b> 44,350	<b>2007 Work RVU:</b> 0.37 <b>2007 NF PE RVU:</b> 0.38 <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b> Remove from Screen	<b>2016 Work RVU:</b> 0.45 <b>2016 NF PE RVU:</b> 0.38 <b>2016 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>G0283</b>	<b>Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care</b>	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound	<b>Screen:</b> Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> October 2010	<b>2015e Medicare Utilization:</b> 7,020,577	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.12 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2016 Work RVU:</b> 0.18 <b>2016 NF PE RVU:</b> 0.20 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>G0389</b>	<b>Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening</b>	<b>Global:</b> XXX	<b>Issue:</b> Abdominal Aorta Ultrasound Screening	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> ACC, ACP, ACR, SCAI, SVS	<b>First Identified:</b> July 2014	<b>2015e Medicare Utilization:</b> 92,948	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 1.81 <b>2007 Fac PE RVU:</b> NA <b>2016 Work RVU:</b> 0.58 <b>2016 NF PE RVU:</b> 2.64 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT Assistant.			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article Needed	<b>Result:</b> Maintain
<hr/>					
<b>G0402</b>	<b>Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 373,961	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 2.43 <b>2016 NF PE RVU:</b> 2.10 <b>2016 Fac PE RVU:</b> 1.00
<b>RUC Recommendation:</b> Review action plan			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>
<hr/>					
<b>G0403</b>	<b>Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 118,182	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 0.17 <b>2016 NF PE RVU:</b> 0.29 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review action plan			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>
<hr/>					
<b>G0416</b>	<b>Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method</b>	<b>Global:</b> XXX	<b>Issue:</b> Prostate Biopsy - Pathology	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> ASC, CAP	<b>First Identified:</b> July 2014	<b>2015e Medicare Utilization:</b> 115,009	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2016 Work RVU:</b> 3.09 <b>2016 NF PE RVU:</b> 11.72 <b>2016 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>G0436</b> Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 182,943
<b>RUC Recommendation:</b> Review action plan			<b>Referred to CPT</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

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<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 0.24
<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 0.15
<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 0.09
<b>Result:</b>	

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<b>G0438</b> Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> ACP, AAFP	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 1,219,036
<b>RUC Recommendation:</b> Survey			<b>Referred to CPT</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

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<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 2.43
<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 2.24
<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
<b>Result:</b>	

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<b>G0439</b> Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> ACP, AAFP	<b>First Identified:</b> April 2013	<b>2015e Medicare Utilization:</b> 4,440,493
<b>RUC Recommendation:</b> Survey			<b>Referred to CPT</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

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<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 1.50
<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 1.66
<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> NA
<b>Result:</b>	

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<b>G0442</b> Annual alcohol misuse screening, 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2015e Medicare Utilization:</b> 223,733
<b>RUC Recommendation:</b> Review action plan			<b>Referred to CPT</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

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<b>2007 Work RVU:</b>	<b>2016 Work RVU:</b> 0.18
<b>2007 NF PE RVU:</b>	<b>2016 NF PE RVU:</b> 0.32
<b>2007 Fac PE RVU:</b>	<b>2016 Fac PE RVU:</b> 0.07
<b>Result:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

## G0444 Annual depression screening, 15 minutes

Global: XXX Issue: RAW

Screen: CMS-Other - Utilization  
over 100,000

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 47

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015e  
Medicare  
Utilization: 548,853

2007 Work RVU:

2016 Work RVU: 0.18

2007 NF PE RVU:

2016 NF PE RVU: 0.32

2007 Fac PE RVU:

2016 Fac PE RVU: 0.07

RUC Recommendation: Review action plan

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

## G0447 Face-to-face behavioral counseling for obesity, 15 minutes

Global: XXX Issue: RAW

Screen: CMS-Other - Utilization  
over 100,000

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 47

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015e  
Medicare  
Utilization: 171,913

2007 Work RVU:

2016 Work RVU: 0.45

2007 NF PE RVU:

2016 NF PE RVU: 0.25

2007 Fac PE RVU:

2016 Fac PE RVU: 0.19

RUC Recommendation: Review action plan

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

## G0453 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)

Global: XXX Issue: RAW

Screen: CMS-Other - Utilization  
over 100,000

Complete? No

Most Recent  
RUC Meeting: April 2016

Tab 47

Specialty Developing  
Recommendation:

First  
Identified: April 2016

2015e  
Medicare  
Utilization: 339,284

2007 Work RVU:

2016 Work RVU: 0.60

2007 NF PE RVU:

2016 NF PE RVU: NA

2007 Fac PE RVU:

2016 Fac PE RVU: 0.28

RUC Recommendation: Review action plan

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result:



## Status Report: CMS Requests and Relativity Assessment Issues

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**G0456** Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2014

**Tab 17** **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** November 2012

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

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.00

**Result:** Remove from Screen

**RUC Recommendation:** No specialty society interest

**Referred to CPT** May 2013

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

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**G0457** Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2014

**Tab 17** **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** November 2012

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

**2007 Work RVU:**

**2016 Work RVU:** 0.00

**2007 NF PE RVU:**

**2016 NF PE RVU:** 0.00

**2007 Fac PE RVU:**

**2016 Fac PE RVU:** 0.00

**Result:** Remove from Screen

**RUC Recommendation:** No specialty society interest

**Referred to CPT** May 2013

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

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## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

00740	<b>Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum</b>	<a href="#">Screen</a> CMS Request - Final Rule for 2016	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> ASA	<a href="#">CPT Meeting</a> September 2016
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**Background:** In April 2016, an Ad Hoc Anesthesia Workgroup was formed to discuss the issues surrounding these services. The specialty society requested and the Workgroup agreed that CPT codes 00740 and 00810 are too broad in the range of endoscopic procedures covered under each code and should be referred to the CPT Editorial Panel September 29-October 1, 2016 meeting to request a new family of anesthesia codes to describe anesthesia for GI endoscopic procedures. The revised codes will specifically identify those patients undergoing both upper and lower gastrointestinal endoscopic procedures. The RUC recommends CPT codes 00740 and 00810 be referred to CPT to better define these services.

00810	<b>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum</b>	<a href="#">Screen</a> CMS Request - Final Rule for 2016	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> ASA	<a href="#">CPT Meeting</a> September 2016
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**Background:** In April 2016, an Ad Hoc Anesthesia Workgroup was formed to discuss the issues surrounding these services. The specialty society requested and the Workgroup agreed that CPT codes 00740 and 00810 are too broad in the range of endoscopic procedures covered under each code and should be referred to the CPT Editorial Panel September 29-October 1, 2016 meeting to request a new family of anesthesia codes to describe anesthesia for GI endoscopic procedures. The revised codes will specifically identify those patients undergoing both upper and lower gastrointestinal endoscopic procedures. The RUC recommends CPT codes 00740 and 00810 be referred to CPT to better define these services.

10021	<b>Fine needle aspiration; without imaging guidance</b>	<a href="#">Screen</a> CMS Request - Final Rule for 2016	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> AACE, ASBS, CAP, ES, AAOHNS, ACS	<a href="#">CPT Meeting</a> February 2017
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**Background:** The specialty societies gave two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution will be developed. The specialty societies also requested that these two codes be moved to the 2019 CPT cycle, due to the high workload currently involving the societies.

10022	<b>Fine needle aspiration; with imaging guidance</b>	<a href="#">Screen</a> CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> AACE, ACR, ASBS, CAP, ES, SIR	<a href="#">CPT Meeting</a> February 2017
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**Background:** The specialty societies gave two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution will be developed. The specialty societies also requested that these two codes be moved to the 2019 CPT cycle, due to the high workload currently involving the societies.

11100	<b>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion</b>	<a href="#">Screen</a> MPC List / CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> AAD	<a href="#">CPT Meeting</a> September 2016
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**Background:** Prior to the January 2016 RUC meeting, the specialty society notified the RUC that their survey data displayed a bimodal distribution of responses with more outliers than usual. The specialty explained that the code descriptions do not distinguish between different types of biopsies and thus they would like to bring the biopsy of skin lesion codes back to the CPT Editorial Panel in May 2016 for refinement of the codes. The RUC recommends referring CPT codes 11100 and 11101 to the CPT Editorial Panel. At the May CPT meeting the Editorial Panel requested that the specialty society resubmit a new CCP for September 2016.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

11101	<b>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)</b>	<u><a href="#">Screen</a></u> Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> January 2016	<u><a href="#">Specialty Society:</a></u> AAD	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** Prior to the January 2016 RUC meeting, the specialty society notified the RUC that their survey data displayed a bimodal distribution of responses with more outliers than usual. The specialty explained that the code descriptions do not distinguish between different types of biopsies and thus they would like to bring the biopsy of skin lesion codes back to the CPT Editorial Panel in May 2016 for refinement of the codes. The RUC recommends referring CPT codes 11100 and 11101 to the CPT Editorial Panel. At the May CPT meeting the Editorial Panel requested that the specialty society resubmit a new CCP for September 2016.

15731	<b>Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)</b>	<u><a href="#">Screen</a></u> High Level E/M in Global Period	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> ASPS	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In April 2016 the RUC reviewed code 15731 and the specialty society explained that just like the three previous surveys for this procedure, the results indicate the typical patient will have inpatient status (72%) and the typical length of stay will be four days. As in the past, this conflicts with the Medicare utilization data that shows the primary place of service as outpatient hospital. Therefore, the specialty society determined that the code needs to be referred to the CPT Editorial Panel to better differentiate and describe the work of large flaps performed on patients with head and neck cancer who will have inpatient status and be similar to the other procedures in this family. This is in contrast to smaller flaps that may be accomplished in an office or outpatient setting and would be best coded by the adjacent tissue transfer codes. In addition, during the discussion CMS requested that CPT code 15731 be added to the family of codes for the subsequent RUC review. The RUC recommends referral of CPT code 15732 to the CPT Editorial Panel. Additionally, CPT code 15731 will be added as part of the family for review.

15732	<b>Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)</b>	<u><a href="#">Screen</a></u> Site of Service Anomaly / High Level E/M in Global Period	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> ASPS	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** The specialty society explained that just like the three previous surveys for this procedure, the results indicate the typical patient will have inpatient status (72%) and the typical length of stay will be four days. As in the past, this conflicts with the Medicare utilization data that shows the primary place of service as outpatient hospital. Therefore, the specialty society determined that the code needs to be referred to the CPT Editorial Panel to better differentiate and describe the work of large flaps performed on patients with head and neck cancer who will have inpatient status and be similar to the other procedures in this family. This is in contrast to smaller flaps that may be accomplished in an office or outpatient setting and would be best coded by the adjacent tissue transfer codes. In addition, during the discussion CMS requested that CPT code 15731 be added to the family of codes for the subsequent RUC review. The RUC recommends referral of CPT code 15732 to the CPT Editorial Panel. Additionally, CPT code 15731 will be added as part of the family for review.

17250	<b>Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)</b>	<u><a href="#">Screen</a></u> High Volume Growth3	<u><a href="#">RUC Meeting</a></u> January 2016	<u><a href="#">Specialty Society:</a></u> AAFP, ACS, APMA	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In January 2016, the Relativity Assessment Workgroup recommends refer to CPT to revise the descriptor or include a parenthetical regarding appropriately reporting 17250 or 97597 and 97598. Refer to CPT Assistant to describe when to appropriately report 17250 or 97597 and 97598. The Workgroup should review utilization data and who is providing this service in October 2019.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

22558	<b>Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar</b>	<a href="#"><u>Screen</u></a> High Volume Growth2 / Codes Reported Together 75% or More-Part3	<a href="#"><u>RUC Meeting</u></a> October 2013	<a href="#"><u>Specialty Society:</u></a> AANS/CNS, AAOS, NASS	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In January 2015 the Joint CPT/RUC Workgroup accepted the specialty society's bundling solution for codes 22558 and 63090.

31255	<b>Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	<a href="#"><u>RUC Meeting</u></a> April 2015	<a href="#"><u>Specialty Society:</u></a> AAOHNS	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

31276	<b>Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	<a href="#"><u>RUC Meeting</u></a> April 2015	<a href="#"><u>Specialty Society:</u></a> AAOHNS	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

31287	<b>Nasal/sinus endoscopy, surgical, with sphenoidotomy;</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	<a href="#"><u>RUC Meeting</u></a> April 2015	<a href="#"><u>Specialty Society:</u></a> AAOHNS	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

31288	<b>Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	<a href="#"><u>RUC Meeting</u></a> April 2015	<a href="#"><u>Specialty Society:</u></a> AAOHNS	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

31296	<b>Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part3	<a href="#"><u>RUC Meeting</u></a> April 2015	<a href="#"><u>Specialty Society:</u></a> AAOHNS	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

31297	<b>Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)</b>	<a href="#">Screen</a> Codes Reported Together 75% or More- Part3	<a href="#">RUC Meeting</a> April 2015	<a href="#">Specialty Society:</a> AAOHNS	<a href="#">CPT Meeting</a> September 2016
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**Background:** In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

34802	<b>Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)</b>	<a href="#">Screen</a> Pre-Time Analysis	<a href="#">RUC Meeting</a> April 2014	<a href="#">Specialty Society:</a> ACR, SCAI, SIR, SVS	<a href="#">CPT Meeting</a> September 2016
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**Background:** Referred to CPT for revision. In May 2016 CPT postponed this tab to rework for September 2016.

34812	<b>Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral</b>	<a href="#">Screen</a> Pre-Time Analysis	<a href="#">RUC Meeting</a> April 2014	<a href="#">Specialty Society:</a> ACR, SCAI, SIR, SVS	<a href="#">CPT Meeting</a> September 2016
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**Background:** Referred to CPT for revision. In May 2016 CPT postponed this tab to rework for September 2016.

34825	<b>Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel</b>	<a href="#">Screen</a> Pre-Time Analysis	<a href="#">RUC Meeting</a> April 2014	<a href="#">Specialty Society:</a> ACR, SCAI, SIR, SVS	<a href="#">CPT Meeting</a> September 2016
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**Background:** Referred to CPT for revision. In May 2016 CPT postponed this tab to rework for September 2016.

36516	<b>Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion</b>	<a href="#">Screen</a> CMS Fastest Growing / CMS Request - Final Rule for 2016	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> CAP	<a href="#">CPT Meeting</a> September 2016
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**Background:** CPT code 36516 was identified by Centers for Medicare and Medicaid Services (CMS) as potentially misvalued in the final rule for 2016. At the April 2016 RUC meeting, Therapeutic Apheresis code 36516 was discussed. During the discussion, the Renal Physicians Association (RPA) and the College of American Pathologists (CAP) indicated there is a concern that the service is misplaced within the CPT coding structure and this misplacement may have resulted in recent inaccuracy of coding. Specifically, the service is an extracorporeal therapy that is more akin to dialysis services (CPT codes 90935-90999) than to surgical procedures, and the code may need to reside in the 909XX series of codes within the CPT coding structure. The two specialties plan to submit a code change proposal to CPT that will address CPT code 36516 as well as any others in the coding family that may be impacted by a change. The RUC refers CPT code 36516 to the CPT Editorial Panel.

## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

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57240	<b>Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele</b>	<a href="#">Screen</a> Site of Service Anomaly - 2015	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> ACOG	<a href="#">CPT Meeting</a> September 2016
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**Background:** In October 2015, CPT code 57240 was identified in which the Medicare data from 2011-2013 indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period. In April 2016, the specialty society indicated they are working with CMS and its contractor NCCI on issues related to the colporrhaphy codes. NCCI instituted edits that prohibit reporting a Cystourethroscopy (CPT code 52000) with these services. The specialty society determined that the most appropriate way to address this issue is through the CPT process. The specialty will submit a CCP for the September 2016 CPT meeting to address these concerns. The RUC recommends 57240, 57250, 57260 and 57265 be referred to the CPT Editorial Panel.

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57250	<b>Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy</b>	<a href="#">Screen</a> Site of Service Anomaly - 2015	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> ACOG	<a href="#">CPT Meeting</a> September 2016
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**Background:** In October 2015, CPT code 57240 was identified in which the Medicare data from 2011-2013 indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period. In April 2016, the specialty society indicated they are working with CMS and its contractor NCCI on issues related to the colporrhaphy codes. NCCI instituted edits that prohibit reporting a Cystourethroscopy (CPT code 52000) with these services. The specialty society determined that the most appropriate way to address this issue is through the CPT process. The specialty will submit a CCP for the September 2016 CPT meeting to address these concerns. The RUC recommends 57240, 57250, 57260 and 57265 be referred to the CPT Editorial Panel.

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57260	<b>Combined anteroposterior colporrhaphy;</b>	<a href="#">Screen</a> Site of Service Anomaly - 2015	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> ACOG	<a href="#">CPT Meeting</a> September 2016
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**Background:** In October 2015, CPT code 57240 was identified in which the Medicare data from 2011-2013 indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period. In April 2016, the specialty society indicated they are working with CMS and its contractor NCCI on issues related to the colporrhaphy codes. NCCI instituted edits that prohibit reporting a Cystourethroscopy (CPT code 52000) with these services. The specialty society determined that the most appropriate way to address this issue is through the CPT process. The specialty will submit a CCP for the September 2016 CPT meeting to address these concerns. The RUC recommends 57240, 57250, 57260 and 57265 be referred to the CPT Editorial Panel.

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57265	<b>Combined anteroposterior colporrhaphy; with enterocele repair</b>	<a href="#">Screen</a> Site of Service Anomaly - 2015	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> ACOG	<a href="#">CPT Meeting</a> September 2016
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**Background:** In October 2015, CPT code 57240 was identified in which the Medicare data from 2011-2013 indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period. In April 2016, the specialty society indicated they are working with CMS and its contractor NCCI on issues related to the colporrhaphy codes. NCCI instituted edits that prohibit reporting a Cystourethroscopy (CPT code 52000) with these services. The specialty society determined that the most appropriate way to address this issue is through the CPT process. The specialty will submit a CCP for the September 2016 CPT meeting to address these concerns. The RUC recommends 57240, 57250, 57260 and 57265 be referred to the CPT Editorial Panel.

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## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

63090	<b>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</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More- Part3	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a> AAOS, AANS	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In January 2015 the Joint CPT/RUC Workgroup accepted the specialty society's bundling solution for codes 22558 and 63090.

64553	<b>Percutaneous implantation of neurostimulator electrode array; cranial nerve</b>	<a href="#"><u>Screen</u></a> Final Rule for 2015	<a href="#"><u>RUC Meeting</u></a> April 2015	<a href="#"><u>Specialty Society:</u></a> AANS/CNS, AAPMR, ASA, NASS	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** The RUC discussed the confusion that survey respondents experienced valuing this service. The description only states the nerve that the neurostimulator is implanted in, and most respondents completed the survey as if it is performed in the facility setting. The Medicare data conflicts with this site of service, reporting that 65% of the time this service is performed in the physician's office. Additionally the supplies and equipment may be different for the temporary and permanent implantation. The RUC recommends referring CPT code 64553 to the CPT Editorial Panel to better define this service, such as having one code to describe temporary or testing implantation and another code to describe permanent implantation.

64555	<b>Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)</b>	<a href="#"><u>Screen</u></a> High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015	<a href="#"><u>RUC Meeting</u></a> April 2015	<a href="#"><u>Specialty Society:</u></a> AANS/CNS, AAPMR, ASA, NASS	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** The RUC discussed the confusion that survey respondents experienced valuing this service. The description only states the nerve that the neurostimulator is implanted in, and most respondents completed the survey as if it is performed in the facility setting. The Medicare data conflicts with this site of service, reporting that 68% of the time this service is performed in the physician's office. In the Medicaid data it is even higher reporting that 92% of the time it is performed in the physician's office. Additionally the supplies and equipment may be different for the temporary and permanent implantation. The RUC recommends referring CPT code 64555 to the CPT Editorial Panel to better define this service, such as having one code to describe temporary or testing implantation and another code to describe permanent implantation.

75894	<b>Transcatheter therapy, embolization, any method, radiological supervision and interpretation</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More- Part1	<a href="#"><u>RUC Meeting</u></a> January 2013	<a href="#"><u>Specialty Society:</u></a> ACC, ACR, SIR, SVS	<a href="#"><u>CPT Meeting</u></a>
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**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.

75984	<b>Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More- Part2	<a href="#"><u>RUC Meeting</u></a> October 2012	<a href="#"><u>Specialty Society:</u></a> ACR, SIR	<a href="#"><u>CPT Meeting</u></a>
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**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.



## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

77014	<b>Computed tomography guidance for placement of radiation therapy fields</b>	<a href="#"><u>Screen</u></a> CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> ASTRO, ACR	<a href="#"><u>CPT Meeting</u></a>
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**Background:** Revise based on CMS input regarding the radiation oncology services.

92275	<b>Electroretinography with interpretation and report</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> AAO, ASRS, AOA (optometry)	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In January 2016, the specialty society noted that they became aware of inappropriate use of this code for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 92275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes are necessary to ensure that the service for which 92275 was intended is clearly described as well as an accurate vignette and work descriptor is developed. The RUC recommends CPT code 92275 be referred to the CPT Editorial Panel. In May 2016 this issue was postponed until September 2016.

95970	<b>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</b>	<a href="#"><u>Screen</u></a> Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016.

95974	<b>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour</b>	<a href="#"><u>Screen</u></a> CMS Request - Final Rule for 2016	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> AAN	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016.



## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

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95975	<b>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)</b>	<a href="#">Screen</a> CMS Request - Final Rule for 2016	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> AAN	<a href="#">CPT Meeting</a> September 2016
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**Background:** In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016.

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95978	<b>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour</b>	<a href="#">Screen</a> CMS Request - Final Rule for 2016	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> AAN	<a href="#">CPT Meeting</a> September 2016
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**Background:** In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016.

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95979	<b>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)</b>	<a href="#">Screen</a> CMS Request - Final Rule for 2016	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> AAN	<a href="#">CPT Meeting</a> September 2016
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**Background:** In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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95980	<b>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</b>	<u><a href="#">Screen</a></u> CMS Request - Final Rule for 2016	<u><a href="#">RUC Meeting</a></u> January 2016	<u><a href="#">Specialty Society:</a></u> No Interest	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016.

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95981	<b>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</b>	<u><a href="#">Screen</a></u> CMS Request - Final Rule for 2016	<u><a href="#">RUC Meeting</a></u> January 2016	<u><a href="#">Specialty Society:</a></u> No Interest	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016.

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95982	<b>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</b>	<u><a href="#">Screen</a></u> CMS Request - Final Rule for 2016	<u><a href="#">RUC Meeting</a></u> January 2016	<u><a href="#">Specialty Society:</a></u> No Interest	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision. At the May 2016 CPT meeting the Editorial postponed this issue until September 2016.

## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

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96101	<b>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</b>	<a href="#">Screen</a> CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> APA (psychology)	<a href="#">CPT Meeting</a> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

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96102	<b>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</b>	<a href="#">Screen</a> CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> APA (psychology)	<a href="#">CPT Meeting</a> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

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96103	<b>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</b>	<a href="#">Screen</a> High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> APA (Psychology)	<a href="#">CPT Meeting</a> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

96105	<b>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</b>	<u><a href="#">Screen</a></u> CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> October 2009	<u><a href="#">Specialty Society:</a></u> ASHA, AAN	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

96110	<b>Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u>	<u><a href="#">Specialty Society:</a></u> AAN, APA (psychology)	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

96111	<b>Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u>	<u><a href="#">Specialty Society:</a></u> AAN, APA (psychology)	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

96116	<b>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> January 2016	<u><a href="#">Specialty Society:</a></u> AAN, APA (psychology)	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

96118	<b>Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</b>	<a href="#">Screen</a> CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> APA (psychology)	<a href="#">CPT Meeting</a> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

96119	<b>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</b>	<a href="#">Screen</a> CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> APA (psychology)	<a href="#">CPT Meeting</a> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

96120	<b>Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report</b>	<a href="#">Screen</a> High Volume Growth2 / CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> APA (Psychology)	<a href="#">CPT Meeting</a> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

96125	<b>Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</b>	<a href="#">Screen</a> CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> January 2016	<a href="#">Specialty Society:</a> APA	<a href="#">CPT Meeting</a> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

96127	<b>Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> January 2016	<a href="#"><u>Specialty Society:</u></a> APA (psychology)	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS requested that CPT codes 96101 - 96127 be reviewed as an entire family.

96360	<b>Intravenous infusion, hydration; initial, 31 minutes to 1 hour</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a> ASCO, ASH	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** These services were identified by the CMS High Expenditure Procedures screen and the specialty societies indicated that at the October 2015 CPT panel meeting Tab 60 was withdrawn prior to presentation due to continued confusion with the edits and additional stakeholder input during the meeting. The specialty societies believe that this section (specifically the prefatory language) requires editorial revisions that would be of benefit to any surveyees for these codes. The specialty societies intend on submitting code applications for the May 2016 CPT meeting. May 2016 CPT postponed until September 2016.

96361	<b>Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a> ASCO, ASH	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** These services were identified by the CMS High Expenditure Procedures screen and the specialty societies indicated that at the October 2015 CPT panel meeting Tab 60 was withdrawn prior to presentation due to continued confusion with the edits and additional stakeholder input during the meeting. The specialty societies believe that this section (specifically the prefatory language) requires editorial revisions that would be of benefit to any surveyees for these codes. The specialty societies intend on submitting code applications for the May 2016 CPT meeting. May 2016 CPT postponed until September 2016.

96372	<b>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular</b>	<a href="#"><u>Screen</u></a> Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> October 2013	<a href="#"><u>Specialty Society:</u></a> ASCO, ASH, AAFP	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** These services were identified by the CMS High Expenditure Procedures screen and the specialty societies indicated that at the October 2015 CPT panel meeting Tab 60 was withdrawn prior to presentation due to continued confusion with the edits and additional stakeholder input during the meeting. The specialty societies believe that this section (specifically the prefatory language) requires editorial revisions that would be of benefit to any surveyees for these codes. The specialty societies intend on submitting code applications for the May 2016 CPT meeting. Other family of services were postponed at the May 2016 CPT.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

96374	<b>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a> ASCO, ASH, ACRh	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** These services were identified by the CMS High Expenditure Procedures screen and the specialty societies indicated that at the October 2015 CPT panel meeting Tab 60 was withdrawn prior to presentation due to continued confusion with the edits and additional stakeholder input during the meeting. The specialty societies believe that this section (specifically the prefatory language) requires editorial revisions that would be of benefit to any surveyees for these codes. The specialty societies intend on submitting code applications for the May 2016 CPT meeting. Other family of services were postponed at the May 2016 CPT.

96375	<b>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a> ASCO, ASH, ACRh	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** These services were identified by the CMS High Expenditure Procedures screen and the specialty societies indicated that at the October 2015 CPT panel meeting Tab 60 was withdrawn prior to presentation due to continued confusion with the edits and additional stakeholder input during the meeting. The specialty societies believe that this section (specifically the prefatory language) requires editorial revisions that would be of benefit to any surveyees for these codes. The specialty societies intend on submitting code applications for the May 2016 CPT meeting. Other family of services were postponed at the May 2016 CPT.

96401	<b>Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a> ASBMT, ASCO, ASH, ACRh	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** These services were identified by the CMS High Expenditure Procedures screen and the specialty societies indicated that at the October 2015 CPT panel meeting Tab 60 was withdrawn prior to presentation due to continued confusion with the edits and additional stakeholder input during the meeting. The specialty societies believe that this section (specifically the prefatory language) requires editorial revisions that would be of benefit to any surveyees for these codes. The specialty societies intend on submitting code applications for the May 2016 CPT meeting. In May 2016 the CPT Editorial Panel postponed this issue until September 2016.

96402	<b>Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a> ASBMT, ASCO, ASH, AUA	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** These services were identified by the CMS High Expenditure Procedures screen and the specialty societies indicated that at the October 2015 CPT panel meeting Tab 60 was withdrawn prior to presentation due to continued confusion with the edits and additional stakeholder input during the meeting. The specialty societies believe that this section (specifically the prefatory language) requires editorial revisions that would be of benefit to any surveyees for these codes. The specialty societies intend on submitting code applications for the May 2016 CPT meeting. In May 2016 the CPT Editorial Panel postponed this issue until September 2016.



## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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<b>96409</b>	<b>Chemotherapy administration; intravenous, push technique, single or initial substance/drug</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a> ASBMT, ASCO, ASH	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** These services were identified by the CMS High Expenditure Procedures screen and the specialty societies indicated that at the October 2015 CPT panel meeting Tab 60 was withdrawn prior to presentation due to continued confusion with the edits and additional stakeholder input during the meeting. The specialty societies believe that this section (specifically the prefatory language) requires editorial revisions that would be of benefit to any surveyees for these codes. The specialty societies intend on submitting code applications for the May 2016 CPT meeting. In May 2016 the CPT Editorial Panel postponed this issue until September 2016.

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<b>96411</b>	<b>Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a>	<a href="#"><u>Specialty Society:</u></a> ASBMT, ASCO, ASH	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** These services were identified by the CMS High Expenditure Procedures screen and the specialty societies indicated that at the October 2015 CPT panel meeting Tab 60 was withdrawn prior to presentation due to continued confusion with the edits and additional stakeholder input during the meeting. The specialty societies believe that this section (specifically the prefatory language) requires editorial revisions that would be of benefit to any surveyees for these codes. The specialty societies intend on submitting code applications for the May 2016 CPT meeting. In May 2016 the CPT Editorial Panel postponed this issue until September 2016.

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## *RUC Referrals to CPT Editorial Panel - Incomplete Issues*

96567	<b>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</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> AAD	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** CPT code 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 was identified by Centers for Medicare and Medicaid Services (CMS) in the high expenditure services screen. The RUC recommended that this service be removed from the screen because the work RVU=0.00. In the Final Rule for 2016 CMS indicated that the work and practice expense for this service should be reviewed.

In April 2001 CPT code 96567 was reviewed as new technology. The procedure involves application of a photo-sensitizing agent followed by exposure to special ultra-violet light. A survey of 39 dermatologists using this new technology indicated that there was some physician work for this XXX global period procedure. However, upon review of the survey responses, the specialty society concluded that the respondents did not accurately assess the time required by the physician for this procedure using the new technology and included a written recommendation that for the typical patient receiving this procedure, there is no physician work. The RUC agreed that the procedure, using this new technology, does not involve physician work but does involve practice expense direct inputs. Years later the service was nominated to be considered in 2005 Five-Year Review. The final Five-Year Workgroup report indicate that after extensive discussion with the RUC regarding the potential need for further CPT revisions the RUC advised the specialty society that if physician work is part of the code the specialty would need to submit a coding proposal to CPT to clarify the language to include physician work. At that time the specialty decided to instead withdraw the code from the Five-Year Review.

At the April 2016 RUC meeting the specialty society recommended that the service be deferred to the October 2016 RUC meeting in order for a survey of work to be conducted. The specialty explained that in reviewing the service closely, they realized that there is now physician work involved in providing this service. In order to confirm this observation the specialty conducted an informal survey that was sent to a few Dermatologists. The specialty contends that the results confirm that physicians are involved in the actual delivery of care to patients by performing tasks such as: curettage of thick lesions, real time tailoring of the PDT regimen, explaining side effects, and providing post care instructions. A RUC member questioned if any of the aforementioned services were separately billable and the specialty clarified that they are not. The specialty added that there has been no change to the service and that it is not necessary to refer to the code to the CPT Editorial Panel. A RUC member questioned why the specialty would be claiming that there is physician work now, when it was stated by the specialty that the service has not changed and in 2001 the specialty concluded that for the typical patient there is no physicians work as noted above. A RUC member suggested that there may be the need to two separate codes one for a simple procedure that clinical staff can provide and one that is more complex and needs physician involvement. Another RUC member stated that we do not have enough information to determine if the service should or should not go to CPT and ultimately that decision is up to the specialty society. The RUC member continued that this is an unusual service in that it usually is a two encounter service yet it is a single XXX global code. If they are going to survey work for work it is advisable to go to CPT in order to separate this into two codes or at a minimum seek advice from the Research Subcommittee about how to survey for this type of service. The specialty indicated that it would submit a code change application to split code 96567 into two codes—one to describe physician work and one to describe the technical component. The RUC refers CPT code 96567 to the CPT Editorial Panel.

97010	<b>Application of a modality to 1 or more areas; hot or cold packs</b>	<u><a href="#">Screen</a></u> Physical Medicine and Rehabilitation Services	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> APTA, AOTA	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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97012	<b>Application of a modality to 1 or more areas; traction, mechanical</b>	<a href="#">Screen</a> Physical Medicine and Rehabilitation Services	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> APTA, AOTA	<a href="#">CPT Meeting</a> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

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97014	<b>Application of a modality to 1 or more areas; electrical stimulation (unattended)</b>	<a href="#">Screen</a> Physical Medicine and Rehabilitation Services	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> APTA, AOTA	<a href="#">CPT Meeting</a> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

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97016	<b>Application of a modality to 1 or more areas; vasopneumatic devices</b>	<a href="#">Screen</a> Codes Reported Together 75% or More-Part1 / High Volume Growth2	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> AOTA, APTA, AAPM&R	<a href="#">CPT Meeting</a> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

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97018	<b>Application of a modality to 1 or more areas; paraffin bath</b>	<a href="#">Screen</a> Codes Reported Together 75% or More-Part1	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> AOTA, APTA, AAPM&R	<a href="#">CPT Meeting</a> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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<b>97022</b>	<b>Application of a modality to 1 or more areas; whirlpool</b>	<u><a href="#">Screen</a></u> Physical Medicine and Rehabilitation Services	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> APTA, AOTA	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

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<b>97024</b>	<b>Application of a modality to 1 or more areas; diathermy (eg, microwave)</b>	<u><a href="#">Screen</a></u> Physical Medicine and Rehabilitation Services	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> APTA, AOTA	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

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<b>97026</b>	<b>Application of a modality to 1 or more areas; infrared</b>	<u><a href="#">Screen</a></u> Physical Medicine and Rehabilitation Services	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> APTA, AOTA	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

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<b>97028</b>	<b>Application of a modality to 1 or more areas; ultraviolet</b>	<u><a href="#">Screen</a></u> Physical Medicine and Rehabilitation Services	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> APTA, AOTA	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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97032	<b>Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes</b>	<a href="#">Screen</a> CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> APTA, AOTA	<a href="#">CPT Meeting</a> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

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97033	<b>Application of a modality to 1 or more areas; iontophoresis, each 15 minutes</b>	<a href="#">Screen</a> Physical Medicine and Rehabilitation Services	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> APTA, AOTA	<a href="#">CPT Meeting</a> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

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97034	<b>Application of a modality to 1 or more areas; contrast baths, each 15 minutes</b>	<a href="#">Screen</a> Physical Medicine and Rehabilitation Services	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> APTA, AOTA	<a href="#">CPT Meeting</a> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

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97035	<b>Application of a modality to 1 or more areas; ultrasound, each 15 minutes</b>	<a href="#">Screen</a> Low Value-High Volume / CMS High Expenditure Procedural Codes2	<a href="#">RUC Meeting</a> April 2016	<a href="#">Specialty Society:</a> APTA, AOTA	<a href="#">CPT Meeting</a> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

97036	<b>Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes</b>	<u><a href="#">Screen</a></u> Physical Medicine and Rehabilitation Services	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> APTA, AOTA	<u><a href="#">CPT Meeting</a></u> September 2016
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**Background:** In February 2010, Physical Medicine and Rehabilitation services were first identified through the RUC's High Volume Growth Screen and subsequently by Codes Reported Together 75% of the Time and from CMS via the High Expenditure screen. Since the original identification in 2010, the organizations have maintained that the section of CPT must be updated to describe today's practice, prior to any analysis of valuation. A CPT Workgroup was formed in 2012 to address the coding issues. To date, there has not been any resolution. The specialty societies developed an action plan to describe the work plan moving forward for the Relativity Assessment Workgroup to review at the April 2016 meeting. The Workgroup discussed the timeline and recommends to refer to CPT to bundle 14 modality codes into 3 codes. If no resolution at CPT with development of new codes, specialties should plan to survey existing modality codes at the Jan 2017 RUC meeting.

97110	<b>Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> AOTA, APTA, AAPM&R	<u><a href="#">CPT Meeting</a></u> February 2017
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**Background:** In April 2016, the Relativity Assessment Workgroup reviewed the timeline submitted in the action plan and recommends the codes 97110 and 97112 be referred to CPT to be bundled into one exercise code.

97112	<b>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</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> APTA, AOTA	<u><a href="#">CPT Meeting</a></u> February 2017
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**Background:** In April 2016, the Relativity Assessment Workgroup reviewed the timeline submitted in the action plan and recommends the codes 97110 and 97112 be referred to CPT to be bundled into one exercise code.

97113	<b>Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> APTA, AOTA	<u><a href="#">CPT Meeting</a></u> February 2017
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**Background:** In April 2016, the Relativity Assessment Workgroup reviewed the timeline submitted in the action plan and recommends that code 97113 be referred to CPT for revision to reflect current practice.

97116	<b>Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2	<u><a href="#">RUC Meeting</a></u> April 2016	<u><a href="#">Specialty Society:</a></u> AOTA, APTA, AAPM&R	<u><a href="#">CPT Meeting</a></u> February 2017
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**Background:** In April 2016, the Relativity Assessment Workgroup reviewed the timeline submitted in the action plan and recommends that code 97116 be referred to CPT for revision to reflect current practice.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

97124	<b>Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)</b>	<a href="#"><u>Screen</u></a> Physical Medicine and Rehabilitation Services	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> APTA, AOTA	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In April 2016, the Relativity Assessment Workgroup reviewed the timeline submitted in the action plan and recommends that codes 97124 and 97140 be referred to CPT to be bundled into one manual therapy/massage code.

97140	<b>Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> APTA, AOTA	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In April 2016, the Relativity Assessment Workgroup reviewed the timeline submitted in the action plan and recommends that codes 97124 and 97140 be referred to CPT to be bundled into one manual therapy/massage code.

97530	<b>Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> APTA, AOTA	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In April 2016, the Relativity Assessment Workgroup reviewed the timeline submitted in the action plan and recommends that this code be referred to CPT for revision to reflect current practice.

97532	<b>Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes</b>	<a href="#"><u>Screen</u></a> High Volume Growth2 / High Volume Growth3	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> APTA	<a href="#"><u>CPT Meeting</u></a> April 2017
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**Background:** In April 2016 the Relativity Assessment Workgroup reviewed the action plan time line and recommends that these services be referred to CPT for revision to reflect current practice.

97533	<b>Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</b>	<a href="#"><u>Screen</u></a> Physical Medicine and Rehabilitation Services	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> APTA	<a href="#"><u>CPT Meeting</u></a> April 2017
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**Background:** In April 2016 the Relativity Assessment Workgroup reviewed the action plan time line and recommends that these services be referred to CPT for revision to reflect current practice.



## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

97535	<b>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</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More- Part2	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> AAFP, ACP, APTA, AOTA, ACCP, ATS	<a href="#"><u>CPT Meeting</u></a> April 2017
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**Background:** In April 2016 the Relativity Assessment Workgroup reviewed the action plan time line and recommends that these services be referred to CPT for revision to reflect current practice.

97537	<b>Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes</b>	<a href="#"><u>Screen</u></a> Physical Medicine and Rehabilitation Services	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> APTA	<a href="#"><u>CPT Meeting</u></a> April 2017
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**Background:** In April 2016 the Relativity Assessment Workgroup reviewed the action plan time line and recommends that these services be referred to CPT for revision to reflect current practice.

97542	<b>Wheelchair management (eg, assessment, fitting, training), each 15 minutes</b>	<a href="#"><u>Screen</u></a> High Volume Growth2	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> APTA, AOTA	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In April 2016, the Relativity Assessment Workgroup reviewed the timeline submitted in the action plan and recommends that this code be referred to CPT for revision to reflect current practice.

97750	<b>Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes</b>	<a href="#"><u>Screen</u></a> Physical Medicine and Rehabilitation Services	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> APTA, AOTA	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In April 2016 the RAW reviewed the PM&R action plan timeline and recommends to refer to CPT for revision to reflect the current practice.

97755	<b>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</b>	<a href="#"><u>Screen</u></a> High Volume Growth1	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> APMA, ACS, AAOS, ASPS	<a href="#"><u>CPT Meeting</u></a> February 2017
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**Background:** In April 2016 the RAW reviewed the PM&R action plan timeline and recommends to refer to CPT for revision to reflect the current practice.

## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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<b>G0248</b>	<b>Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results</b>	<a href="#"><u>Screen</u></a> High Volume Growth3	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> ACC	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In October 2015, AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013 and these services were identified. In April 2016, the specialty society indicated that they intend to develop Category I codes to describe home INR monitoring services for the September 2016 CPT meeting with review at the January 2017 RUC meeting. The RUC recommends that codes G0248, G0249 and G0250 be referred to CPT to create Category I codes to describe these services.

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<b>G0249</b>	<b>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</b>	<a href="#"><u>Screen</u></a> CMS Fastest Growing / High Volume Growth3	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> ACC	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In October 2015, AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013 and these services were identified. In April 2016, the specialty society indicated that they intend to develop Category I codes to describe home INR monitoring services for the September 2016 CPT meeting with review at the January 2017 RUC meeting. The RUC recommends that codes G0248, G0249 and G0250 be referred to CPT to create Category I codes to describe these services.

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<b>G0250</b>	<b>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</b>	<a href="#"><u>Screen</u></a> CMS Fastest Growing / High Volume Growth3	<a href="#"><u>RUC Meeting</u></a> April 2016	<a href="#"><u>Specialty Society:</u></a> ACC	<a href="#"><u>CPT Meeting</u></a> September 2016
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**Background:** In October 2015, AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013 and these services were identified. In April 2016, the specialty society indicated that they intend to develop Category I codes to describe home INR monitoring services for the September 2016 CPT meeting with review at the January 2017 RUC meeting. The RUC recommends that codes G0248, G0249 and G0250 be referred to CPT to create Category I codes to describe these services.

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## ***RUC Referrals to CPT Editorial Panel - Incomplete Issues***

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G0283	<b>Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care</b>	<u><b>Screen</b></u> Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2	<u><b>RUC Meeting</b></u> April 2016	<u><b>Specialty Society:</b></u> APTA	<u><b>CPT Meeting</b></u> September 2016
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**Background:** In April 2016, the Relativity Assessment Workgroup reviewed the action plan timeline and agreed that this service should be referred to CPT to create a Category I code.

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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

17250	<b>Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)</b>	<u><b>Screen:</b></u> High Volume Growth3	<u><b>RUC Meeting:</b></u> January 2016	<u><b>RUC Rec:</b></u> Refer to CPT Editorial Panel and CPT Assistant.	<u><b>Specialty Society:</b></u> AAFP, ACS, APMA	<u><b>CPT Asst Status:</b></u> Sep 2016
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**Background:** In October 2015, AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The RUC review this list and recommends that the specialty societies submit an action plan for January 2016 explaining the high volume growth. In January 2016, the Relativity Assessment Workgroup recommends refer to CPT to revise the descriptor or include a parenthetical regarding appropriately reporting 17250 or 97597 and 97598. Refer to CPT Assistant to describe when to appropriately report 17250 or 97597 and 97598. The Workgroup should review utilization data and who is providing this service in October 2019.

21820	<b>Closed treatment of sternum fracture</b>	<u><b>Screen:</b></u> CMS Request - Final Rule for 2014 / Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article submitted to be published Sep or Oct 2016
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**Background:** Added as part of 21800 family for Final Rule issue. In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

23540	<b>Closed treatment of acromioclavicular dislocation; without manipulation</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

23625	<b>Closed treatment of greater humeral tuberosity fracture; with manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

23650	<b>Closed treatment of shoulder dislocation, with manipulation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

23655	<b>Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

23665	<b>Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

<b>24505</b>	<b>Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

<b>24600</b>	<b>Treatment of closed elbow dislocation; without anesthesia</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

24605	<b>Treatment of closed elbow dislocation; requiring anesthesia</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article submitted to be published Sep or Oct 2016
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25565	<b>Closed treatment of radial and ulnar shaft fractures; with manipulation</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article submitted to be published Sep or Oct 2016
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

25605	<b>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</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article submitted to be published Sep or Oct 2016
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25675	<b>Closed treatment of distal radioulnar dislocation with manipulation</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article submitted to be published Sep or Oct 2016
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

26700	<b>Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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26750	<b>Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

26755	<b>Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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26770	<b>Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

27230	<b>Closed treatment of femoral fracture, proximal end, neck; without manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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27232	<b>Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

27240	<b>Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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27252	<b>Closed treatment of hip dislocation, traumatic; requiring anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

27265	<b>Closed treatment of post hip arthroplasty dislocation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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27266	<b>Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

27502	<b>Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27510	<b>Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

27550	<b>Closed treatment of knee dislocation; without anesthesia</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27552	<b>Closed treatment of knee dislocation; requiring anesthesia</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre-time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.



## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

27752	<b>Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27762	<b>Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

27810	<b>Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27818	<b>Closed treatment of trimalleolar ankle fracture; with manipulation</b>	<u>Screen:</u> Site of Service Anomaly (99238-Only) / Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.



## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

27825	<b>Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

27840	<b>Closed treatment of ankle dislocation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

28660	<b>Closed treatment of interphalangeal joint dislocation; without anesthesia</b>	<u>Screen:</u> Emergent Procedures	<u>RUC Meeting:</u> April 2016	<u>RUC Rec:</u> PE Clinical staff pre-time revised	<u>Specialty Society:</u> AAOS, ACEP, and orthopaedic subspecialties	<u>CPT Asst Status:</u> Article submitted to be published Sep or Oct 2016
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of "requiring anesthesia" and "with anesthesia" as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends no clinical staff pre-service time.

29582	<b>Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed</b>	<u>Screen:</u> New Technology/New Services	<u>RUC Meeting:</u> October 2015	<u>RUC Rec:</u> Develop CPT Assistant Article	<u>Specialty Society:</u> APTA	<u>CPT Asst Status:</u> Sep 2016
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**Background:** This service was identified as New Technology/New Services and reviewed at the October 2015 RAW meeting. The Workgroup recommended that the specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).

29583	<b>Application of multi-layer compression system; upper arm and forearm</b>	<u>Screen:</u> New Technology/New Services	<u>RUC Meeting:</u> October 2015	<u>RUC Rec:</u> Develop CPT Assistant Article	<u>Specialty Society:</u> APTA	<u>CPT Asst Status:</u> Sep 2016
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**Background:** This service was identified as New Technology/New Services and reviewed at the October 2015 RAW meeting. The Workgroup recommended that the specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).

29584	<b>Application of multi-layer compression system; upper arm, forearm, hand, and fingers</b>	<u>Screen:</u> New Technology/New Services	<u>RUC Meeting:</u> October 2015	<u>RUC Rec:</u> Develop CPT Assistant Article	<u>Specialty Society:</u> APTA	<u>CPT Asst Status:</u> Sep 2016
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**Background:** This service was identified as New Technology/New Services and reviewed at the October 2015 RAW meeting. The Workgroup recommended that the specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).

## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

<b>31500 Intubation, endotracheal, emergency procedure</b>	<u><b>Screen:</b></u> CMS High Expenditure Procedural Codes2	<u><b>RUC Meeting:</b></u> January 2016	<u><b>RUC Rec:</b></u> 3.00 and Refer to CPT Assistant	<u><b>Specialty Society:</b></u> ACEP, ASA	<u><b>CPT Asst Status:</b></u> Article Needed
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**Background:** In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In January 2016, the RUC discussed the unique patient population treated with CPT code 31500. The specialty described that typically the same physician will report this on the same day as a critical care code (>50% of the time) but that this will not impact critical care code reporting. The specialty explained that underlying medical issues which caused the need for a patient to receive the intubation of CPT code 31500 and communication with family around the care of these issues is categorized within critical care time but time spent on this intubation would not count toward the critical care time. Given that you need at least 30 minutes for proper coding of critical care for patients, the RUC recommends that the specialty societies develop a CPT Assistant article to clarify when to report this service. The article will help ensure providers understand the times for these two services do not overlap.

<b>40650 Repair lip, full thickness; vermilion only</b>	<u><b>Screen:</b></u> Emergent Procedures	<u><b>RUC Meeting:</b></u> April 2016	<u><b>RUC Rec:</b></u> PE Clinical staff pre- time revised	<u><b>Specialty Society:</b></u> AAOS, ACEP, and orthopaedic subspecialties	<u><b>CPT Asst Status:</b></u> Article Needed
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**Background:** In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes of pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup reviewed CPT code 40650 and recommended that a CPT Assistant be developed to reinforce the correct use of modifier -54 for this service if performed by the emergency medicine physician. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time. In April 2016, the PE Subcommittee reviewed this service and recommends 20 minutes of clinical staff pre-service time.

## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

767X1

**Screen:**

Final Rule for 2015

**RUC Meeting:**

October 2015

**RUC Rec:**

0.55 and refer to CPT Assistant

**Specialty Society:**

ACR, SIR, SVS

**CPT Asst Status:**

Article Needed

**Background:** When Medicare began paying for abdominal aortic aneurysm (AAA) ultrasound screening in CY 2007, CMS created HCPCS code G0389 and set the RVUs at the same level as CPT code 76775. CMS noted in the CY 2007 final rule with comment period that CPT code 76775 was used to report the service when furnished as a diagnostic test and that we believed the service reflected by G0389 used equivalent resources and work intensity to those contained in CPT code 76775. In the CY 2014 proposed rule, based on a RUC recommendation, we proposed to replace the ultrasound room included as a direct PE input for CPT code 76775 with a portable ultrasound unit. Since all the RVUs (including the PE RVUs) for G0389 were crosswalked from CPT code 76775, the proposed PE RVUs for G0389 in the CY 2014 proposed rule were reduced significantly as a result of this change to the direct PE inputs for 76775. However, CMS did not discuss the applicability of this change to G0389 in the proposed rule's preamble and did not receive any comments on G0389 in response to the proposed rule. CMS finalized the change to CPT code 76775 in the CY 2014 final rule with comment period and the corresponding PE RVUs for G0389 were also reduced. Subsequent to the publication of the CY 2014 final rule, a stakeholder suggested that the reduction in the RVUs for G0389 did not accurately reflect the resources involved in furnishing the service and asked that CMS consider using an alternative crosswalk. Specifically, the stakeholder stated that the type of equipment typically used in furnishing G0389 is different than that used for CPT code 76775, the time involved in furnishing G0389 is greater than that of CPT code 76775, and the specialty that typically furnishes G0389 is different than the one that typically furnishes CPT code 76775. The stakeholder suggested an alternative crosswalk of CPT code 76705. 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 referred G0389 to CPT to transition this code to a Category I code for the 2016 cycle. In October 2015, the RUC raised concerns that the practice expense recommendation was prepared by specialty societies that are not the dominant provider of this service according to Medicare claims data. The presenters explained that this is likely due to increased use of G code G0389 for a handheld device, which is not the intended use of the CPT code that is currently used as a crosswalk for the G code. The presenters explained and the RUC agreed that this is likely an issue of miscoding. The RUC recommends that the specialty develop a CPT Assistant article to clarify appropriate use of the new CPT code 767X1 that will replace the G code G0389.

78070 **Parathyroid planar imaging (including subtraction, when performed);**

**Screen:**

Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review

**RUC Meeting:**

January 2016

**RUC Rec:**

0.80. Refer to CPT Assistant and review 2 years after article is published.

**Specialty Society:**

ACR, ACNM, SNM

**CPT Asst Status:**

Article Needed

**Background:** In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years after the CPT Assistant article is published.

## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

78071	<b>Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)</b>	<u>Screen:</u> Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	<u>RUC Meeting:</u> January 2016	<u>RUC Rec:</u> 1.20. Refer to CPT Assistant and review 2 years after article is published.	<u>Specialty Society:</u> ACR, ACNM, SNM	<u>CPT Asst Status:</u> Article Needed
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**Background:** In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years after the CPT Assistant article is published.

78072	<b>Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization</b>	<u>Screen:</u> Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	<u>RUC Meeting:</u> January 2016	<u>RUC Rec:</u> 1.60. Refer to CPT Assistant and review 2 years after article is published.	<u>Specialty Society:</u> ACR, ACNM, SNM	<u>CPT Asst Status:</u> Article Needed
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**Background:** In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years after the CPT Assistant article is published.

78803	<b>Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)</b>	<u>Screen:</u> CPT 2013 Utilization Review	<u>RUC Meeting:</u> January 2016	<u>RUC Rec:</u> Refer to CPT Assistant.	<u>Specialty Society:</u> ACR, ACNM, SNM	<u>CPT Asst Status:</u> Article Needed
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**Background:** In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years after the CPT Assistant article is published.

## ***RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues***

<b>96920 Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm</b>	<u><b>Screen:</b></u> CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	<u><b>RUC Meeting:</b></u> October 2015	<u><b>RUC Rec:</b></u> 1.15	<u><b>Specialty Society:</b></u> AAD	<u><b>CPT Asst Status:</b></u> Aug 2016
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**Background:** The Workgroup agreed that 96920, 96921, 96922 should be assessed again in two years. Sept 2011-resurvey for January 2012 and develop CPT Assistant article to address the incorrect reporting when using handheld devices. Article published June 2012. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and effectiveness of CPT Assistant article. In October 2017 the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes are being used correctly. The May 2013 article was limited to a question of treating a scar using the laser codes 96920-96922, stating that would not be appropriate, and that 96999, Unlisted special dermatological service or procedure, should be used instead. A comprehensive article, with examples, on the use of the use of the three laser codes is needed. Review again in 2017 after article has taken effect. The RUC noted that this service was also identified under the high volume growth screen. The RUC noted to review the growth as well in 2017.

<b>96921 Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm</b>	<u><b>Screen:</b></u> High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	<u><b>RUC Meeting:</b></u> October 2015	<u><b>RUC Rec:</b></u> 1.30	<u><b>Specialty Society:</b></u> AAD	<u><b>CPT Asst Status:</b></u> Aug 2016
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**Background:** The Workgroup agreed that 96920, 96921, 96922 should be assessed again in two years. Sept 2011-resurvey for January 2012 and develop CPT Assistant article to address the incorrect reporting when using handheld devices. Article published June 2012. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and effectiveness of CPT Assistant article. In October 2017 the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes are being used correctly. The May 2013 article was limited to a question of treating a scar using the laser codes 96920-96922, stating that would not be appropriate, and that 96999, Unlisted special dermatological service or procedure, should be used instead. A comprehensive article, with examples, on the use of the use of the three laser codes is needed. Review again in 2017 after article has taken effect. The RUC noted that this service was also identified under the high volume growth screen. The RUC noted to review the growth as well in 2017.

<b>96922 Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm</b>	<u><b>Screen:</b></u> High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis	<u><b>RUC Meeting:</b></u> October 2015	<u><b>RUC Rec:</b></u> 2.10	<u><b>Specialty Society:</b></u> AAD	<u><b>CPT Asst Status:</b></u> Aug 2016
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**Background:** The Workgroup agreed that 96920, 96921, 96922 should be assessed again in two years. Sept 2011-resurvey for January 2012 and develop CPT Assistant article to address the incorrect reporting when using handheld devices. Article published June 2012. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and effectiveness of CPT Assistant article. In October 2017 the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes are being used correctly. The May 2013 article was limited to a question of treating a scar using the laser codes 96920-96922, stating that would not be appropriate, and that 96999, Unlisted special dermatological service or procedure, should be used instead. A comprehensive article, with examples, on the use of the use of the three laser codes is needed. Review again in 2017 after article has taken effect.



## *RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues*

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<b>G0389</b>	<b>Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening</b>	<b><u>Screen:</u></b> Final Rule for 2015	<b><u>RUC Meeting:</u></b> October 2015	<b><u>RUC Rec:</u></b> Refer to CPT Assistant.	<b><u>Specialty Society:</u></b> ACC, ACP, ACR, SCAI, SVS	<b><u>CPT Asst Status:</u></b> Article Needed
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**Background:** When Medicare began paying for abdominal aortic aneurysm (AAA) ultrasound screening in CY 2007, CMS created HCPCS code G0389 and set the RVUs at the same level as CPT code 76775. CMS noted in the CY 2007 final rule with comment period that CPT code 76775 was used to report the service when furnished as a diagnostic test and that we believed the service reflected by G0389 used equivalent resources and work intensity to those contained in CPT code 76775. In the CY 2014 proposed rule, based on a RUC recommendation, we proposed to replace the ultrasound room included as a direct PE input for CPT code 76775 with a portable ultrasound unit. Since all the RVUs (including the PE RVUs) for G0389 were crosswalked from CPT code 76775, the proposed PE RVUs for G0389 in the CY 2014 proposed rule were reduced significantly as a result of this change to the direct PE inputs for 76775. However, CMS did not discuss the applicability of this change to G0389 in the proposed rule's preamble and did not receive any comments on G0389 in response to the proposed rule. CMS finalized the change to CPT code 76775 in the CY 2014 final rule with comment period and the corresponding PE RVUs for G0389 were also reduced. Subsequent to the publication of the CY 2014 final rule, a stakeholder suggested that the reduction in the RVUs for G0389 did not accurately reflect the resources involved in furnishing the service and asked that CMS consider using an alternative crosswalk. Specifically, the stakeholder stated that the type of equipment typically used in furnishing G0389 is different than that used for CPT code 76775, the time involved in furnishing G0389 is greater than that of CPT code 76775, and the specialty that typically furnishes G0389 is different than the one that typically furnishes CPT code 76775. The stakeholder suggested an alternative crosswalk of CPT code 76705. 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 referred G0389 to CPT to transition this code to a Category I code for the 2016 cycle. In October 2015, the RUC raised concerns that the practice expense recommendation was prepared by specialty societies that are not the dominant provider of this service according to Medicare claims data. The presenters explained that this is likely due to increased use of G code G0389 for a handheld device, which is not the intended use of the CPT code that is currently used as a crosswalk for the G code. The presenters explained and the RUC agreed that this is likely an issue of miscoding. The RUC recommends that the specialty develop a CPT Assistant article to clarify appropriate use of the new CPT code 767X1 that will replace the G code G0389.

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CPT Source	Deleted	Source 2015 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2014)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
31600		30,218	31600	30,218	1.000	7.17	5.56	18 Tracheostomy	168,012	216,663
31601		3	31601	3	1.000	4.44	8.00	18 Tracheostomy	24	13
31603		1,062	31603	1,062	1.000	4.14	6.00	18 Tracheostomy	6,372	4,397
31605		319	31605	319	1.000	3.57	6.45	18 Tracheostomy	2,058	1,139
31610		1,722	31610	1,722	1.000	9.38	9.38	18 Tracheostomy	16,152	16,152
36215		46,514	36215	46,514	1.000	4.67	4.17	20 Selective Catheter Placement	193,963	217,220
36216		4,541	36216	4,541	1.000	5.27	5.27	20 Selective Catheter Placement	23,931	23,931
36217		4,617	36217	4,617	1.000	6.29	6.29	20 Selective Catheter Placement	29,041	29,041
36218		1,213	36218	1,213	1.000	1.01	1.01	20 Selective Catheter Placement	1,225	1,225
36516		1,800	36516	1,800	1.000	1.22	1.22	21 Therapeutic Apheresis	2,196	2,196
51798		2,107,173	51798	2,107,173	1.000	0.00	0.00	22 Voiding Pressure Studies	0	0
52601		46,652	52601	46,652	1.000	15.26	13.16	23 Transurethral Electrosurgical Resection of Prostate	613,940	711,910
64418		31,111	64418	31,111	1.000	1.32	1.10	25 Injection Anesthetic Agent	34,222	41,067
67820		247,707	67820	247,707	1.000	0.71	0.32	26 Correction of Trichiasis	79,266	175,872
71100		216,539	71100	216,539	1.000	0.22	0.22	27 X ray of Ribs	47,639	47,639
71101		270,898	71101	270,898	1.000	0.27	0.27	27 X ray of Ribs	73,142	73,142
71110		28,694	71110	28,694	1.000	0.27	0.29	27 X ray of Ribs	8,321	7,747
71111		27,673	71111	27,673	1.000	0.32	0.32	27 X ray of Ribs	8,855	8,855
71250		1,798,993	71250	1,798,993	1.000	1.02	1.16	28 CT Chest	2,086,832	1,834,973
71260		1,673,933	71260	1,673,933	1.000	1.24	1.24	28 CT Chest	2,075,677	2,075,677
71270		89,166	71270	89,166	1.000	1.38	1.38	28 CT Chest	123,049	123,049
73100		321,443	73100	321,443	1.000	0.16	0.16	29 X ray of Wrist	51,431	51,431
73110		964,960	73110	964,960	1.000	0.17	0.17	29 X ray of Wrist	164,043	164,043
73120		276,627	73120	276,627	1.000	0.16	0.16	30 X ray of Hand and Fingers	44,260	44,260
73130		1,066,854	73130	1,066,854	1.000	0.17	0.17	30 X ray of Hand and Fingers	181,365	181,365
73140		352,508	73140	352,508	1.000	0.13	0.13	30 X ray of Hand and Fingers	45,826	45,826
75635		92,542	75635	92,542	1.000	2.40	2.40	31 CT Angiography of Abdominal Arteries	222,101	222,101
76516		3,968	76516	3,968	1.000	0.54	0.40	33 Ophthalmic Biometry	1,587	2,143
76519		328,244	76519	328,244	1.000	0.54	0.54	33 Ophthalmic Biometry	177,252	177,252
92136		1,511,860	92136	1,511,860	1.000	0.54	0.54	33 Ophthalmic Biometry	816,404	816,404
77261		10,799	77261	10,799	1.000	1.39	1.30	34 Radiation Therapy Planning	14,039	15,011
77262		4,659	77262	4,659	1.000	2.11	2.00	34 Radiation Therapy Planning	9,318	9,830
77263		267,790	77263	267,790	1.000	3.14	3.14	34 Radiation Therapy Planning	840,861	840,861
78300		11,933	78300	11,933	1.000	0.62	0.62	35 Bone Imaging	7,398	7,398
78305		2,307	78305	2,307	1.000	0.83	0.83	35 Bone Imaging	1,915	1,915
78306		286,889	78306	286,889	1.000	0.86	0.86	35 Bone Imaging	246,725	246,725
88333		60,873	88333	60,873	1.000	1.20	1.20	36 Pathology Consultation During Surgery	73,048	73,048
88334		27,966	88334	27,966	1.000	0.73	0.73	36 Pathology Consultation During Surgery	20,415	20,415
88360		325,678	88360	325,678	1.000	1.10	0.85	37 Immunohisto-chemistry	276,826	358,246
88361		139,562	88361	139,562	1.000	1.18	0.95	37 Immunohisto-chemistry	132,584	164,683
92140	D	43,004	savings	43,004	1.000	0.50	0.00	38 Glaucoma Provocative Tests	0	21,502



CPT Source	Deleted	Source 2015 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2014)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
93306		6,943,240	93306	6,943,240	1.000	1.30	1.50	39 Transthoracic Echocardiography (TTE)	10,414,860	9,026,212
93307		35,372	93307	35,372	1.000	0.92	0.92	39 Transthoracic Echocardiography (TTE)	32,542	32,542
93308		245,113	93308	245,113	1.000	0.53	0.53	39 Transthoracic Echocardiography (TTE)	129,910	129,910
96567		133,296	96567	133,296	1.000	0.00	0.00	40 Photodynamic therapy	0	0
96910		395,355	96910	395,355	1.000	0.00	0.00	41 Photo-chemotherapy	0	0
55450	D	9	savings	9	1.000	4.43	0.00	CPT Deletion- Ligation of Vas Deferens	0	40
									56,506,311	55,212,563

Total Source RVUs 55,212,563

Total New/Revised RVUs 56,506,311

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RVU Difference -1,293,748

CF 35.8043

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CF Redistribution -46,321,742

## *New Technology/New Services List*

<i>CPT Code</i>	<i>2016 Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
0318T		Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016		<input type="checkbox"/>
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
20986		Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>

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20987		Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>



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22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy 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		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
228X0		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	September 2020		<input type="checkbox"/>
228X4		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	September 2020		<input type="checkbox"/>
228X5		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	September 2020		<input type="checkbox"/>
228XX		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	September 2020		<input type="checkbox"/>
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>



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27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	September 2019		<input type="checkbox"/>

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27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>

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27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)		<input type="checkbox"/>

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28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	<input type="checkbox"/>
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	<input type="checkbox"/>
29583	Application of multi-layer compression system; upper arm and forearm	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	<input type="checkbox"/>
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	<input type="checkbox"/>
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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 Balloon 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.	<input type="checkbox"/>
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Balloon 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.	<input type="checkbox"/>
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Balloon 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.	<input type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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).	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	October 2016		<input type="checkbox"/>
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	October 2016		<input type="checkbox"/>
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	October 2016		<input type="checkbox"/>
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	October 2016		<input type="checkbox"/>



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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	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		<input type="checkbox"/>
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		<input type="checkbox"/>
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		<input type="checkbox"/>

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33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		<input type="checkbox"/>
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		<input type="checkbox"/>
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016		<input type="checkbox"/>
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016		<input type="checkbox"/>
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016		<input type="checkbox"/>
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016		<input type="checkbox"/>
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	October 2016		<input type="checkbox"/>
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	October 2016		<input type="checkbox"/>
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	October 2016		<input type="checkbox"/>

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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	October 2016		<input type="checkbox"/>
333X3		Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	September 2020		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	September 2019		<input type="checkbox"/>
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.	<input type="checkbox"/>

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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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		<input type="checkbox"/>
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		<input type="checkbox"/>



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33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
364X1		Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	September 2020		<input type="checkbox"/>
364X2		Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	September 2020		<input type="checkbox"/>

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37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	October 2016		<input type="checkbox"/>
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		<input type="checkbox"/>
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	September 2021		<input type="checkbox"/>
38221	Diagnostic bone marrow; biopsy(ies),	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	September 2021		<input type="checkbox"/>
382X3	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	September 2021		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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		<input type="checkbox"/>
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogastric Fundoplasty Trans-Oral Approach	05	CPT 2016	September 2019		<input type="checkbox"/>
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-Pancreatotomy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
432X1		Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	September 2020		<input type="checkbox"/>
432X2		Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	September 2020		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2016		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	September 2018		<input type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>

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50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>

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50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		<input type="checkbox"/>
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	September 2018		<input type="checkbox"/>
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		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>



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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	☑

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
585X1		Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	September 2020		<input type="checkbox"/>
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	September 2019		<input type="checkbox"/>
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	September 2019		<input type="checkbox"/>
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	September 2019		<input type="checkbox"/>
630X1		Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	September 2020		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>

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63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	September 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (September 2019).	☑
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
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.	☑

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastromal Corneal Ring Implantation	11	CPT 2016	September 2019		<input type="checkbox"/>
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	September 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	<input type="checkbox"/>
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	September 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	<input type="checkbox"/>
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	September 2017		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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		Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560		Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

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75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562		Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564		Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

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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.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		<input type="checkbox"/>
77062	Digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		<input type="checkbox"/>
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		<input type="checkbox"/>

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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		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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).	<input checked="" type="checkbox"/>
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).	<input checked="" type="checkbox"/>
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>



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78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	September 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	<input type="checkbox"/>

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							<p>parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be</p>	

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							postponed and reviewed in 2 years after the CPT Assistant article is published.	

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78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	September 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	<input type="checkbox"/>

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							<p>parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be</p>	

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							postponed and reviewed in 2 years after the CPT Assistant article is published.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	September 2019		<input type="checkbox"/>
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	September 2019		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	September 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>



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81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑



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81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet Antigen 1 genotyping	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	(HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P) Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIIb]) (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] [GPIIa]) (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							

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	(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 SLC01B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), V174A variant SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), exon 7 deletion SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

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81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), evaluation to detect abnormal (eg, expanded) alleles APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status) ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy), evaluation to detect abnormal (eg, expanded) alleles ATXN1 (ataxin 1) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN2 (ataxin 2) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease), evaluation to detect abnormal (eg, expanded) alleles ATXN7 (ataxin 7) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>



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	<p>spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN10 (ataxin 10) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) CNBP (CCHC-type zinc finger, nucleic acid binding protein) (eg, myotonic dystrophy type 2), evaluation to detect abnormal (eg, expanded) alleles CSTB (cystatin B [stefin BJ]) (eg, Unverricht-Lundborg disease), evaluation to detect abnormal (eg, expanded) alleles CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed DMPK (dystrophin myotonia-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation analysis, qualitative,</p>							

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	and quantitative, if performed ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFR (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed FXN (frataxin) (eg, Friedreich ataxia), evaluation to detect abnormal (expanded) alleles GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-							

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	<p>2A&gt;G, P171S, del5kb, N314D, L218L/N314D)  H19 (imprinted maternally expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis HBB (hemoglobin, beta) (eg, sickle cell anemia, hemoglobin C, hemoglobin E), common variants (eg, HbS, HbC, HbE) HTT (huntingtin) (eg, Huntington disease), evaluation to detect abnormal (eg, expanded) alleles IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81402)  KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T)  MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T&gt;G, m.8993T&gt;C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G&gt;A, m.3460G&gt;A, m.14484T&gt;C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial</p>							

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	encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PABPN1 (poly[A] binding protein, nuclear 1) (eg, oculopharyngeal muscular dystrophy), evaluation to detect abnormal (eg, expanded) alleles PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PPP2R2B (protein phosphatase 2, regulatory subunit B, beta) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SEPT9 (septin 9) (eg, colon cancer), methylation analysis							

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	SMN1/SMN2 (survival of motor neuron 1, telomeric/survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy), dosage analysis (eg, carrier testing) (For duplication/deletion analysis of SMN1/SMN2, use 81401) SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed TBP (TATA box binding protein) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3) TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), tandem repeat variant VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

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81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis Human erythrocyte antigen gene analyses (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C) IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common exon 4 variants (eg, R140W, R172M) JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg,							



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	myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s) TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

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81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), characterization of alleles (eg, expanded size and methylation status) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	gene sequence CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXP1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) FXN (frataxin) (eg, Friedreich ataxia), full gene sequence GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha							

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	<p>globin 2) (eg, alpha thalassemia), duplication/deletion analysis (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HBB (hemoglobin, beta, Beta-Globin) (eg, thalassemia), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence</p>							

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	<p>NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal cancer), targeted sequence analysis (eg, exons 9 and 20) PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma),</p>							

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	common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial							

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	respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence							

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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, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence AR (androgen receptor) (eg, androgen insensitivity syndrome), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNA4 (cholinergic receptor,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>



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	<p>nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing genome-wide cytogenomic constitutional microarray analysis, see 81228, 81229) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation</p>							

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	initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, thalassemia), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene							

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	sequence IDS (iduronate 2-sulfatase) (eg, mucopolysaccharidosis, type II), full gene sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8,							

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	23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFV1 (NADH dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spectrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined							

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	<p>pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2</p>							

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	<p>suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram</p>							

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	syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence							

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81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na <sup>+</sup> /K <sup>+</sup> transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu <sup>++</sup> transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome),	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>



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	<p>full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the cytogenomic microarray analysis for neoplasia) (Do not report 88271 when</p>							

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	performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain							

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	containing [ <i>S. cerevisiae</i> ]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [ <i>E. coli</i> ]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2 domain containing) (eg, focal segmental							

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	glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KAL1 (Kallmann syndrome 1 sequence) (eg, Kallmann syndrome), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNH2 full gene sequence in conjunction with 81280) KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNQ1 full gene sequence with 81280) KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-associated protein tau) (eg, frontotemporal							

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	dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC							

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	(pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage							

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	disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence							

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	SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							



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81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	<p>SJ) (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</p>							

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	(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							

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81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>2016 Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
	(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	October 2016		<input type="checkbox"/>
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	October 2016		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	September 2017		<input type="checkbox"/>
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdissection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	<input checked="" type="checkbox"/>
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdissection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	<input checked="" type="checkbox"/>

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88384		Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
88385		Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
88386		Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
90769		Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90770		Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90771		Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	<input type="checkbox"/>

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90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	<input type="checkbox"/>
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	<input type="checkbox"/>
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	September 2019		<input type="checkbox"/>
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	September 2019		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>



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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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
935X1		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	September 2020		<input type="checkbox"/>
935X2		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	September 2020		<input type="checkbox"/>
935X3		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	September 2020		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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.	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	October 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.	<input type="checkbox"/>



<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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	October 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.	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		<input type="checkbox"/>
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		<input type="checkbox"/>
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		<input type="checkbox"/>
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		<input type="checkbox"/>
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		<input type="checkbox"/>
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>CPT Tab</b></i>	<i><b>Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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	October 2017		<input type="checkbox"/>
99488		Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017		<input type="checkbox"/>
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	October 2017		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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		<input type="checkbox"/>
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	October 2017		<input type="checkbox"/>
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	October 2017		<input type="checkbox"/>
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		<input type="checkbox"/>

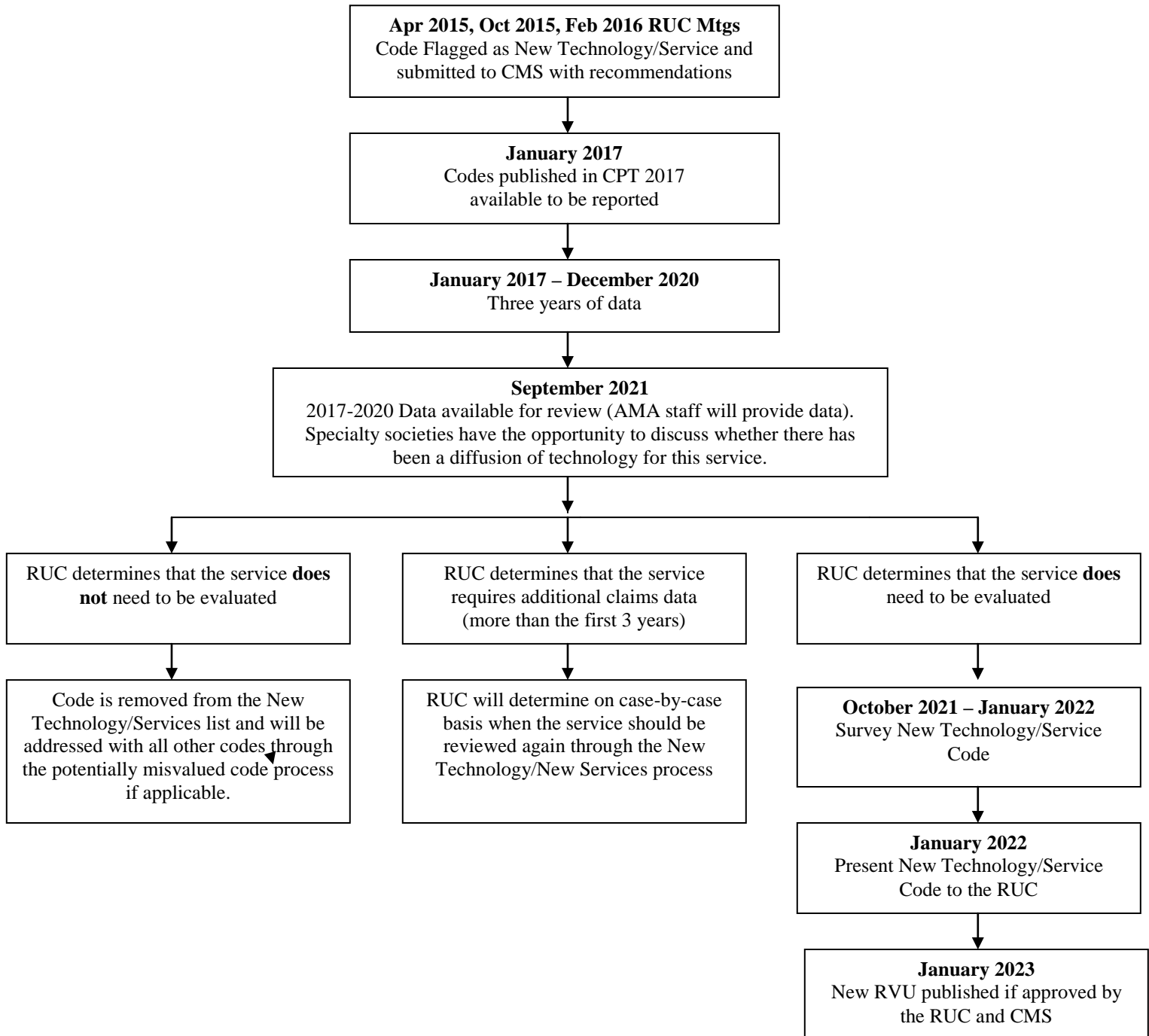


<i><b>CPT Code</b></i>	<i><b>2016 Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99498	Advance care planning including the explanation and discussion of advance directives 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		<input type="checkbox"/>

## New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

### *Example*



## Specialty and Acronym

### Society

### Acronym

Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Disability Evaluating Physicians	AADEP
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Physician Assistants	AAPA
American Academy of Sleep Medicine	AASM
American Association of Clinical Endocrinologists	AACE
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Plastic Surgeons	AAPS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Asthma & 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	ACR <sub>h</sub>
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

April 2016

**Psychiatric Collaborative Care Management Services**

In February 2016, the CPT Editorial Panel created three new codes to describe a model for providing psychiatric care in the primary care setting. This code set is one of several in response to a request from CMS to facilitate appropriate valuation of the services furnished under the Collaborative Care Model (CoCM). This CoCM is used to treat patients with common psychiatric conditions in the primary care setting through the provision of a defined set of services which operationalize the following core concepts: 1) Patient-Centered Team Care/Collaborative Care; 2) Population-Based Care; 3) Measurement-Based Treatment to Target; and 4) Evidence-Based Care.

The RUC reviewed the new code set for Psychiatric Collaborative Care Management, which captures a primary care physician working with a behavioral health manager and consulting psychiatrist to manage patient psychiatric care. The specialty societies requested that this issue be deferred until the October 2016 RUC meeting. The RUC noted that an Ad Hoc Workgroup has been created to provide feedback and guidance to the specialties involved to appropriately survey this code set. The Workgroup will review the unique survey plan before it goes to the Research Subcommittee for approval. **The RUC recommends deferral of the valuation of CPT codes 99492, 99493, and 99494 to the October 2016 RUC meeting.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Evaluation and Management</b>				
<b>Care Management Services</b>				
<i>Care management services are management, and support services provided by clinical staff under the direction of a physician or other qualified health care professional, to a patient residing at home or in a domiciliary, rest home, or assisted living facility. Services may include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical</i>				

*conditions, psychosocial needs, and activities of daily living.*

*A plan of care must...*

*Codes 99487, 99489, 99490...*

*The face-to-face and...*

*E/M services may be reported...*

*Care management codes may...*

*Care management codes may be ...*

For Psychiatric Collaborative Care Management Services, see 99492, 99493, 99494.

### **Chronic Care Management Services**

*Chronic Care management services...*

#99490      *Chronic care management...*

### **Complex Chronic Care Management Services**

*Complex chronic care management...*

*Patient who require complex...*

99487      *Complex chronic care...*

99489      *each additional 30 min...*

-----**Coding Tip**-----

***Time of care management with the emergency department is reportable using 99487, 99489, 99490 but time while the patient is inpatient or admitted as observation is not.***

***If the physician personally performs the clinical staff activities, his or her time may be counted toward the required clinical staff time to meet the elements of the code.***

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### **Psychiatric Collaborative Care Management Services**

Psychiatric collaborative care services are provided under the direction of a treating physician or other qualified health care professional (see definitions below) during a calendar month. These services are provided when a patient has a diagnosed psychiatric disorder that requires a behavioral health care assessment; establishing, implementing, revising, or monitoring a care plan; and provision of brief interventions. These services are reported by the treating physician or other qualified health care professional and include the services of the treating physician or other qualified health care professional, the behavioral health care manager (see definition below), and the psychiatric consultant (see definition below) who has contracted directly with the treating physician or other qualified health care professional, to provide consultation.

Patients directed to the behavioral health care manager typically have newly diagnosed conditions, may need help in engaging in treatment, have not responded to standard care delivered in a non-psychiatric setting, or require further assessment and engagement, prior to consideration of referral to a psychiatric care setting.

The following definitions apply to this section:

#### **Episode of Care**

Patients are treated for an episode of care, defined as beginning when the patient is directed by the treating physician or other qualified health care professional/QHP to the behavioral health care manager and ending with:

- the attainment of targeted treatment goals, which typically results in the discontinuation of care management services and continuation of usual follow-up with the treating physician or other qualified healthcare professional; or
- failure to attain targeted treatment goals culminating in referral to a psychiatric care provider for ongoing treatment; or
- lack of continued engagement with no psychiatric collaborative care management services provided over a consecutive six month calendar period (break in episode).



A new episode of care starts after a break in episode of six calendar months or more.

### **Health Care Professionals**

#### **Treating Physician or Other Qualified Health Care Professional**

The treating physician or other qualified health care professional directs the behavioral health care manager and continues to oversee the patient's care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care when needed. Evaluation and management (E/M) and other services may be reported separately by the same physician or other qualified health care professional during the same calendar month.

#### **Behavioral Health Care Manager**

The behavioral health care manager refers to clinical staff with a masters/doctoral-level education or specialized training in behavioral health who provides care management services as well as an assessment of needs, including the administration of validated rating scales, the development of a care plan, provision of brief interventions, ongoing collaboration with the treating physician or other qualified health care professional/QHP, maintenance of a registry, all in consultation with a psychiatric consultant. Services are provided both face-to-face and non-face-to-face and psychiatric consultation is provided minimally on a weekly basis, typically non face-to-face.

The behavioral health care manager providing other services in the same calendar month, such as psychiatric evaluation (90791, 90792), psychotherapy (90832, 90833, 90834, 90836, 90837, 90838), psychotherapy for crisis (90839, 90840), family psychotherapy (90846, 90847), multiple family group psychotherapy (90849), group psychotherapy (90853), smoking and tobacco use cessation counseling (99406, 90407), and alcohol and/or substance abuse structured screening and brief intervention services (99408, 99409), may report these services separately. Activities for services reported separately are not included in the time applied to 99492, 99493, 99494.

#### **Psychiatric Consultant**

The psychiatric consultant refers to a medical professional trained in psychiatry or behavioral health and qualified to prescribe the full range of medications. The psychiatric consultant advises and makes recommendations, as needed, for psychiatric and other medical care, including psychiatric and other medical differential diagnosis, treatment strategies regarding appropriate therapies, medication management, medical management of complications associated with treatment of psychiatric disorders, and referral for specialty services; which are communicated to the treating physician or other qualified health care professional typically through the behavioral

health care manager. The psychiatric consultant does not typically see the patient nor prescribe medications, except in rare circumstances.

The psychiatric consultant may provide services in the calendar month described by other codes, such as evaluation and management (E/M) services and psychiatric evaluation (90791, 90792). These services may be reported separately by the psychiatric consultant. Activities for services reported separately are not included in the services reported using 99492, 99493, 99494.

### Code Selection

Do not report 99492 and 99493 in the same calendar month.

Table X

Type of Service	Total Duration of Collaborative Care Management Over Calendar Month	Code(s)
Initial – 70 minutes	Less than 36 minutes	Not reported separately
	36-85 minutes (36 minutes – 1 hr. 25 minutes)	99492
Initial plus each additional increment up to 30 minutes	86-116 minutes (1 hr. 26 minutes – 1 hr. 54 minutes)	99492 X 1 AND 99494 X 1
Subsequent – 60 minutes	Less than 31 minutes	Not reported separately
	31-75 minutes (31 minutes – 1 hr. 15 minutes)	99493

		Subsequent plus each additional increment up to 30 minutes	76-105 minutes  (1 hr. 16 minutes – 1 hr. 45 minutes)	99493 X 1 AND 99494 X 1	
●99492	A1	<p><b>Initial psychiatric collaborative care management</b>, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:</p> <ul style="list-style-type: none"> <li>• outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional;</li> <li>• initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan;</li> <li>• review by the psychiatric consultant with modifications of the plan if recommended;</li> <li>• entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and</li> <li>• provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.</li> </ul>		XXX	Deferral to Oct 2016 RUC meeting

●99493	A2	<p><b>Subsequent psychiatric collaborative care management</b>, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:</p> <ul style="list-style-type: none"> <li>• tracking patient follow-up and progress using the registry, with appropriate documentation;</li> <li>• participation in weekly caseload consultation with the psychiatric consultant;</li> <li>• ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers;</li> <li>• additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant;</li> <li>• provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies;</li> <li>• monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.</li> </ul>	XXX	Deferral to Oct 2016 RUC meeting
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●99494	A3	<b>Initial or subsequent psychiatric collaborative care management</b> , each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)  <u>(Use 99494 in conjunction with 99492, 99493)</u>	ZZZ	Deferral to Oct 2016 RUC meeting
<b>Coding Tips</b>  <p>If the treating physician or other qualified health care professional personally performs behavioral health care manager activities and those activities are not used to meet criteria for a separately reported code, his or her time may be counted toward the required behavioral health care manager time to meet the elements of codes 99492, 99493, 99494.</p> <p>Behavioral health care manager time spent coordinating care with the emergency department may be reported using 99492, 99493, 99494, but time while the patient is inpatient or admitted to observation status may not be reported using 99492, 99493, 99494.</p>				



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Arlington, VA 22209

April 4, 2016

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Chair, AMA Specialty Society RVS Update Committee

American Medical Association

AMA Plaza, 330 North Wabash Ave.

Chicago, IL 60611-5885

Re: Tab 4, Psychiatric Collaborative Care Management Services (994X1-994X3)

Dear Dr. Smith,

I am writing on behalf of the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Family Physicians, the American College of Physicians, and the American Geriatrics Society, in reference to Tab 4, Psychiatric Collaborative Care Management Services (994X1-994X3). Specifically, we are writing to request that the RUC grant a delay in the survey of these codes until the related ad hoc work group of the Research Subcommittee completes its consideration of this matter.

The American Psychiatric Association submitted a CPT Coding Change Proposal for the February CPT Editorial Panel meeting in response to comments from CMS in the NPRM for the 2016 Physician Fee Schedule. In its comments, CMS indicated an interest in providing coverage for evidence-based collaborative care services for behavioral health conditions being treated within primary care. The Panel approved three new codes that describe the work of multiple providers, including a primary care physician (or qualified healthcare practitioner), a psychiatric consultant, and a behavioral health care manager, involved in managing the treatment of a population of patients.

As part of the Level of Interest process, we indicated that, given the unique collaborative nature of the work and the challenges with valuing a bundled delivery approach within the CPT code structure, a survey of this code set would very likely require a modified approach to the standard RUC survey process or possible alternative methods for valuation. We requested adequate time to investigate options and discuss alternatives with the RUC Research Subcommittee, which would require the deferment of a full review by the RUC to a future (e.g. October 2016) RUC meeting.

Since that time, the Research Subcommittee has met by teleconference and formed an ad hoc work group to assist us in this process. The first meeting of this group is scheduled for April 11, 2016. Since the first meeting of the ad hoc workgroup is not until April 11, we are unable to survey these codes for the April meeting. We will keep you apprised of the progress being made and whether we can survey for the October 2016 meeting.

We would be happy to provide an update at the April RUC meeting.

Sincerely,

Jeremy S. Musher, MD  
APA RUC Advisor

Cc: Sherry Barron-Seabrook, MD, AACAP RUC Advisor  
Jennifer Aloff, MD, AAFP RUC Advisor  
Mary Newman, MD, ACP RUC Advisor  
John Agens, MD, AGS RUC Advisor

## AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2016

### **Cognitive Impairment Assessment and Care Plan Services**

In February 2016, the CPT Editorial Panel added a new code to describe an evidenced based cognitive service. This was one of several in response to a CMS request to capture cognitive service codes not currently described by Evaluation and Management (E/M) services. This service is provided when a comprehensive evaluation of a new or existing patient exhibiting signs of cognitive impairment is required to establish a diagnosis etiology and severity for the condition. The service includes a thorough evaluation of medical and psychosocial factors potentially contributing to increased morbidity. Typically, these patients are referred by a primary caregiver. There are ten required elements for the service, and all ten must be performed in order for the code to be reported. This service includes two distinct activities, assessment of the patient and establishment of care plan that is shared with the patient and caregiver, along with education. It is important that all elements are performed to be able to report this code. Other face-to-face E/M codes cannot be reported on the same date as this service to prevent any overlap with E/M codes.

#### ***99483 Assessment of and care planning for the patient with cognitive impairment***

The RUC reviewed the survey results from 165 practicing physicians. 91% of respondents found the vignette to be typical, and a median performance rate of 20 demonstrated the respondents were very familiar with the service. These respondents agreed with the following physician time components: pre-service time of 15 minutes, intra-service time of 50 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 value of 3.44 is appropriate for the physician work required to perform this service. The RUC compared the surveyed code to a key reference code 99327 *Domiciliary or rest home visit for the evaluation and management of a new patient* (work RVU= 3.46, pre-service time=15 minutes, intra time= 50 minutes, and immediate post time=25 minutes) and noted that this code has identical pre and intra-service time and slightly higher post-service time justifying the slightly higher work value. The RUC also considered comparisons with CPT code 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.* (work RVU=3.17, pre-service time of 7 minutes, intra-service time of 45 minutes, and immediate post-service time of 15 minutes) and CPT code 99235 *Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided*

*consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. (work RVU=3.24, pre-service time of 14 minutes, intra-service time of 50 minutes, and immediate post-service time of 19.5 minutes). The RUC recommends a work RVU of 3.44 for CPT code 99483.*

#### **Practice Expense:**

A detailed discussion occurred where it was considered that this service is different than most in terms of PE, because it can be billed every 180 days, and the RUC took into account potential overlap with E/M services that could be billed during this time period. The clinical staff type was revised so that, rather than a RN/CORF (L051C), the standard clinical staff type of a RN/LPN/MTA (L037D) is utilized, except where the scope of practice and clinical abilities of a RN is required, and in those instances, a RN (L051A) was recommended. In the pre-service period, the RUC approved that the standard three minutes for a phone call was not adequate and determined that it should be 6 minutes to ensure that the caregiver is aware and has available all the appropriate reports and paperwork that should accompany the patient to the visit. In the service period, there is 15 minutes of clinical staff time overlapping with 15 minutes of the physician work, because both are in the exam room with the patient and the caregiver. Following that, the clinical staff and the caregiver leave the exam room while the physician stays with the patient and completes the physical exam. During this time, the clinical staff meets separately with the caregiver for 15 minutes to discuss the care necessary for the patient and to assess if the caregiver is capable of providing for the needs of the patient. At the conclusion of this work, the physician and the clinical staff meet for 4 minutes to briefly discuss the care plan, and the clinical staff proceeds to draft the care plan while the physician does other work. The physician and clinical staff then reconvene to meet with the caregiver and patient to share the plan and educate specifically on medical and medication issues for 7 minutes. Then the physician will leave, and the clinical staff meets with patient and caregiver for an additional 10 minutes. During this time, the patient and caregiver have time to ask additional questions and review the care plan again. It is typical that once the physician leaves, there are logistical questions or repeated items. Educating the patient and caregiver is complex, as the caregiver is going to need to agree to do things and ask questions; this time is necessary so as not to rush and ensure the care plan can will be carried out. In the post-service period, 9 minutes of clinical staff time was allocated for 3 phone calls, modeled after CPT code 99205. The RUC approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Evaluation and Management</b>  <b>Cognitive Assessment and Care Plan Services</b>				



Cognitive assessment and care plan services are provided when a comprehensive evaluation of a new or existing patient exhibiting signs and/or symptoms of cognitive impairment is required to establish or confirm a diagnosis, etiology and severity for the condition. This service includes a thorough evaluation of medical and psychosocial factors potentially contributing to increased morbidity. Do not report Cognitive Assessment and Care Plan Services if any of the required elements are not performed or are deemed unnecessary for the patient's condition. For these services, see the appropriate evaluation and management code. A single physician or other qualified health care professional should not report 99483 more than once every 180 days.

Services for Cognitive Assessment and Care Plan include a cognition-relevant history, as well as an assessment of factors that could be contributing to cognitive impairment, including, but not limited to, psychoactive medication, chronic pain syndromes, infection, depression and other brain disease (eg, tumor, stroke, normal pressure hydrocephalus). Medical decision making includes current and likely progression of the disease, assessing the need for referral for rehabilitative, social, legal, financial or community-based services, meal, transportation and other personal assistance services.

●99483	B1	<p>Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements:</p> <ul style="list-style-type: none"> <li>• Cognition-focused evaluation including a pertinent history and examination</li> <li>• Medical decision making of moderate or high complexity</li> <li>• Functional assessment (eg, Basic and Instrumental Activities of Daily Living), including decision-making capacity</li> <li>• Use of standardized instruments for staging of dementia_(eg, Functional Assessment Staging Test [FAST], Clinical Dementia Rating [CDR])</li> <li>• Medication reconciliation and review for high-risk medications</li> <li>• Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s)</li> </ul>	XXX	3.44
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		<ul style="list-style-type: none"> <li>• Evaluation of safety (eg, home), including motor vehicle operation</li> <li>• Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks</li> <li>• Development, updating or revision, or review of an Advance Care Plan</li> <li>• Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support</li> </ul> <p><u>(Do not report 99483 in conjunction with E/M services [99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99366, 99367, 99368, 99487, 99489, 99490, 99495, 99496, 99497, 99498]; psychiatric diagnostic procedures [90785, 90791, 90792]; psychological testing [96103]; neuropsychological testing [96120]; brief emotional/behavioral assessment [96127]; medication therapy management services [99605, 99606, 99607])</u></p>		
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## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 99483      Tracking Number   B1

Original Specialty Recommended RVU: **3.44**Presented Recommended RVU: **3.44**

Global Period: XXX

RUC Recommended RVU: **3.44**

**CPT Descriptor:** Cognitive assessment and care plan services are provided when a comprehensive evaluation of a new or existing patient exhibiting signs and/or symptoms of cognitive impairment is required to establish or confirm a diagnosis, etiology and severity for the condition. This service includes a thorough evaluation of medical and psychosocial factors potentially contributing to increased morbidity. Do not report Cognitive Assessment and Care Plan Services if any of the required elements are not performed or are deemed unnecessary for the patient's condition. For these services, see the appropriate evaluation and management code. A single physician or other qualified health care professional should not report 99483 more than once every 180 days. Services for Cognitive Assessment and Care Plan include a cognition-relevant history, as well as an assessment of factors that could be contributing to cognitive impairment, including, but not limited to, psychoactive medication, chronic pain syndromes, infection, depression and other brain disease (eg, tumor, stroke, normal pressure hydrocephalus). Medical decision making includes current and likely progression of the disease, assessing the need for referral for rehabilitative, social, legal, financial or community-based services, meal, transportation and other personal assistance services.

●99483 Assessment of and care planning for the patient with cognitive impairment, requiring an independent historian, office or other outpatient, home or domiciliary or rest home, with all of the following required elements:

- Cognition-focused evaluation including a pertinent history and examination
- Medical decision making of moderate or high complexity
- Functional assessment (eg, Basic and Instrumental Activities of Daily Living), including decision-making capacity
- Use of standardized instruments for staging of dementia (eg, Functional Assessment Staging Test [FAST], Clinical Dementia Rating [CDR])
- Medication reconciliation and review for high-risk medications
- Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s)
- Evaluation of safety (eg, home), including motor vehicle operation
- Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks
- Development, updating or revision, or review of an Advance Care Plan
- Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support

(Do not report 99483 in conjunction with E/M services [99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99366, 99367, 99368, 99487, 99489, 99490, 99495, 99496, 99497, 99498]; psychiatric diagnostic procedures [90785, 90791, 90792]; psychological testing [96103]; neuropsychological testing [96120]; brief emotional/behavioral assessment [96127]; medication therapy management services [99605, 99606, 99607])

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Evaluation of an 83-year-old female with hypertension, diabetes, arthritis and coronary artery disease, who presents with confusion, weight loss and failure to maintain her house, in which she lives alone.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
 Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an  
 E&M service later on the same day 0%

### **Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

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Description of Pre-Service Work: Review the medical history form and rating scales completed by the patient and/or family or caregiver and vital signs obtained by clinical staff. Review any medical records obtained from other physicians and other sources (e.g., caregiver). Communicate with other health care professionals as necessary.

Description of Intra-Service Work: Obtain a complete history including focus of the patient's decline from the patient, family, and/or caregiver to include identification of potential symptoms that may indicate confounding underlying disease. Perform a pertinent physical examination and assessments of affect, cognition, functional status (Basic Activities of Daily Living and Instrumental Activities of Daily Living) including decision-making capacity, mobility, balance, vision, hearing, psychosocial function, and safety (i.e. at home and/or driving). Evaluate for neuropsychiatric and behavioral symptoms, including depression, mood instability, psychotic symptoms, aggression, apathy, and other behavioral disturbance, assess stage of dementia, using standardized instruments. Complete a medication reconciliation and review for high-risk medications that may affect cognition (separate from rating scales noted in pre service). Discuss the values and preferences of the patient and caregiver for care and goals of care (e.g., quality of life, advance care planning). Discuss and evaluate the caregiver's relationship to the patient, availability, knowledge, general capability (e.g., any physician limitation) and ability and willingness to implement the a care plan.

Consider relevant data, options, and risks; formulate a diagnosis; and develop a care plan (moderate to high-complexity MDM). Meet with the clinical care team to review findings and develop a care plan. Based on medication reconciliation, write prescription(s); and arrange diagnostic testing or referral as necessary. A written care plan is created with a copy provided to the patient and family and/or caregiver. Review findings and the care plan with the patient and family and/or caregiver, to include the etiology and severity of the cognitive impairment, goals of treatment, changes in medication, recommendations for physical and/or occupational therapy, address safety issues, discuss caregiving issues and make recommendations for appropriate community services (e.g., rehabilitation services, adult day programs, support groups).

Description of Post-Service Work: Complete medical record documentation. Contact other physicians as necessary to review findings and the care plan. If requested by clinical staff, contact the patient/caregiver to discuss test results, adverse reactions to medication, new clinical issues. Revise care plan if needed, based on test results.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Jennifer Aloff, MD, Kevin Keber, MD, Donna Sweet, MD, John Agens, MD, Robert Zorowitz, MD, Jeremy Musher, MD				
<b>Specialty(s):</b>	American Academy of Family Physicians, American Academy of Neurology, American College of Physicians, American Geriatrics Society, American Psychiatric Association				
<b>CPT Code:</b>	99483				
<b>Sample Size:</b>	9952	<b>Resp N:</b>	165	<b>Response:</b>	1.6 %
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	3.00	<b>20.00</b>	90.00	2880.00
<b>Survey RVW:</b>	0.00	3.00	<b>3.44</b>	3.90	100.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	15.00	35.00	<b>50.00</b>	60.00	240.00
<b>Immediate Post Service-Time:</b>	<b><u>20.00</u></b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x		
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x	
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x	
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x 15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x
<b>Sub Obs Care:</b>	_____	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

<b>CPT Code:</b>	99483	<b>Recommended Physician Work RVU: 3.44</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>15.00</b>	<b>0.00</b>	<b>15.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>50.00</b>			
<b>Please, pick the <u>post-service time package</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>20.00</b>	<b>0.00</b>	<b>20.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99205	XXX	3.17	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A 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.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99327	XXX	3.46	RUC Time

CPT Descriptor Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99344	XXX	3.38	RUC Time	76,328

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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99327	XXX	3.46	RUC Time	52,868

CPT Descriptor 2 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate

complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.

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: 51      % of respondents: 31.8 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 25      % of respondents: 15.6 %

### TIME ESTIMATES (Median)

	CPT Code: <u>99483</u>	Top Key Reference CPT Code: <u>99205</u>	2nd Key Reference CPT Code: <u>99327</u>
Median Pre-Service Time	15.00	7.00	15.00
Median Intra-Service Time	50.00	45.00	60.00
Median Immediate Post-service Time	20.00	15.00	25.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>85.00</b>	<b>67.00</b>	<b>100.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES***(of those that selected Key Reference codes)**Survey respondents are rating the survey code relative to the key reference code.***Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.57	0.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.84	0.75
Urgency of medical decision making	-0.04	0.29

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.55	0.71
Physical effort required	0.18	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.41	0.38
Outcome depends on the skill and judgment of physician	0.78	0.75
Estimated risk of malpractice suit with poor outcome	-0.27	0.21

**INTENSITY/COMPLEXITY MEASURES****Time Segment (Mean)**

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
Overall intensity/complexity	0.90	0.96

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*



The surveying specialty societies (AAFP, ACP, AGS, AAN, APA) convened an expert panel to review the results of the survey for 99XX3. The panel noted that the survey was particularly robust with 165 respondents and that all surveying specialties were well represented.

Before reviewing the survey time and work data the panel considered three important threshold issues.

First, 91% of the respondents thought the vignette was typical and the median performance rate was 20 which demonstrate that the respondents were familiar with the service.

Second, the panel reviewed the key reference services. Of the 165 respondents, 51 chose 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. as the reference service, and 24 chose 99327, Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver. The expert panel noted that both these reference services were on the MPC list and agreed both these services were appropriate reference services.

With this in mind, the expert panel agreed with these respondents that the typical patient for 99483 is a new patient.

Third, the panel noted that a number of the required elements of 99483 are not required elements or components of existing face-to-face E/M services which need to be taken into account when determining a work value for this service; in particular, the requirement for the presence and active participation of a caregiver as well as the development of a written care plan that addresses all the patient's cognitive needs, which is shared with the patient and for which education and support is provided makes this a particularly intense service.

Keeping these things in mind, the panel reviewed the survey data.

The median survey times for 99483 were 15/50/20 with a total time of 85 minutes. This compares to 7/45/15/67 for 99205 and 15/60/25/100 for 99327. The panel agreed these times were appropriate and reflected the time spent by the physician performing this service and did not overlap with any staff time or activities.

The survey median work RVU for 99483 was 3.44 while the work RVU for 99205 is 3.17 and for 99327 is 3.46. The panel also carefully reviewed the intensity/complexity measures. The respondents found 99483 to be more complex than 99205 except for two measures where it was slightly less complex: urgency of medical decision making and risk of malpractice. The expert panel agreed completely with these rankings. Respondents who chose 99327 as the reference service found 99483 to be more complex in all measures (except physical effort where it was ranked as identical).

Before, comparing the survey median times and work RVU to other codes, the expert panel agreed that the survey median times and work placed 99483 in proper rank order to 99205 and 99327. In particular, the panel noted that 99483 must be valued higher than 99205 given the longer intra-service time and higher intensity/complexity measures.

The expert panel then considered other XXX global codes with intra-service times between 40 and 60 minutes and a work RVUs between 2.8 and 3.5 that had recently been reviewed by the RUC.

Below is a table of the most pertinent codes reviewed by the expert panel:

CPT Code	Long Desc	Work RVU	Pre Eval Time	Intra Time	Post Time	Total Time
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	3.05	0	50	0	50
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the	3.06	15	45	20	80

	nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.					
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	3.08	10	45	15	70
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	7	45	15	67
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	3.24	14	50	20	84
90792	Psychiatric diagnostic evaluation with medical services	3.25	10	60	20	90
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	3.38	15	60	25	100
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.	3.46	15	60	25	100

First, the panel compared 99483 to 90792, Psychiatric diagnostic interview with medical services, which was reviewed by the RUC in April 2012. 90792 is an appropriate comparator and has times of 10/60/20/90 with a work RVU of 3.25. The expert panel agreed that even though 90792 has a longer intra-service time and slightly more total time than 99483 should have a higher work RVU than 90792 because 90792 does not require as many elements as 99483 and, in particular, does not require development of a written care plan. 99483 is also more intense because it includes the presence of a caregiver and, because of the nature of memory assessments; they occur in an older population who would more typically have multiple co-morbidities and be on multiple medications.

The panel also compared 99483 to 99235, Observation or inpatient care with admission and discharge on the same date which was reviewed by the RUC in April 2011. 99235 have times of 14/50/20/84 which are almost identical to 99483 and a work RVU of 3.24. The panel observed that the most common two diagnoses for 99235 are respiratory symptoms and general symptoms and that a significant portion of the work involves evaluating a patient who has improved and is being discharged. Based on this, and because 99483 requires the presence and active participation of a caregiver, the expert panel agreed that 99483 is a more intense service than 99235.

The expert panel also considered 99306, initial nursing home visit which was reviewed by the RUC in February 2007 and has times of 15/45/20/80 and a work RVU of 3.06. Aside from having more intra-service and total time, 99483 is more intense than this service due to the presence and active participation of a caregiver and the need to develop a written care plan and educate the patient and caregiver on that plan.

The expert panel also compared 99483 to 99496, transition of care management with 50 minutes of intra and total time and an RVU of 3.05 which was reviewed by the RUC in October 2012 and agreed that 99483 should be valued high given the greater intensity and total time.

After reviewing these services, the expert panel concluded that the survey median times and work RVW for 99483 were appropriate and should be recommended to the RUC.

In summary, the expert panel recommends 99483, tracking number B1, pre time 15 minutes, intra time 50 minutes, post time 20 minutes and RVW of 3.44.

## 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) 99205 or 99215 Breakdown of frequency distribution is estimated to be 40% Geriatrics, 20% Neurology, 20% Psychiatry and 10% Internal Medicine and 10% Family Practice.

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 Geriatrics                      How often? Commonly

Specialty Neurology                      How often? Sometimes

Specialty Psychiatry                      How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 50000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. There are an estimated 5.3 million cases of dementia in the U.S. with an incidence of approximately 500,000 annually. Of those, 10% will receive this service, resulting in 50,000 services per year.

Specialty Geriatrics                      Frequency 20000                      Percentage 40.00 %

Specialty Neurology                      Frequency 10000                      Percentage 20.00 %

Specialty Psychiatry                      Frequency 10000                      Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 50,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. Almost all incidences of this service will occur in the Medicare population.

Specialty Geriatrics	Frequency 20000	Percentage 40.00 %
Specialty Neurology	Frequency 10000	Percentage 20.00 %
Specialty Psychiatry	Frequency 10000	Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

---

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
 Evaluation Management

BETOS Sub-classification:  
 Office visit

BETOS Sub-classification Level II:  
 NA

---

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99205

**ISSUE: Cognitive Impairment Assessment and Care Plan Services (CIA-CPS)****TAB: 5**

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
	KEY REF 1	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.	51	0.059	3.17					67	7	45					15					
	KEY REF 2	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.	25	0.043	3.46					100	15	60					25					
89%	SVY-Family Practice	99483	Assessment of and care planning for the patient v	18	0.075	0.90	2.00	3.00	3.19	4.25	57.5	10	20	26	33	40	60	15	0	3	10	25	150
93%	SVY-Geriatrics	99483	Assessment of and care planning for the patient v	68	0.047	1.00	3.00	3.50	3.80	58.00	94	15	15	40	58	60	95	22	0	6	30	90	2880
87%	SVY-Psychiatry*	99483	Assessment of and care planning for the patient v	38	0.045	1.50	3.25	3.48	3.89	80.00	95	15	15	45	60	68	240	20	0	0	5	19	500
100%	SVY-Internal Medicine	99483	Assessment of and care planning for the patient v	14	0.046	0.00	2.22	2.68	3.50	5.00	75	13	25	35	43	59	60	20	0	0	6	10	30
93%	SVY-Neurology	99483	Assessment of and care planning for the patient v	27	0.047	0.97	3.17	3.60	4.00	100.00	95	15	15	40	60	80	90	20	0	43	150	384	1000
92%	SVY TOTAL	99483	Assessment of and care planning for the patient v	165	0.053	0.00	3.00	3.44	3.90	100.00	85	15	15	35	50	60	240	20	0	3	20	90	2880
	REC	99483	Assessment of and care planning for the patient with cognitive impairment, requiring an independent historian, office or other outpatient, home or domiciliary or rest home, with all of the following required		0.053	3.44					85	15		50			20						

\* Psychiatry includes Geriatric and Neuro Psychiatry

5  
Tab Number

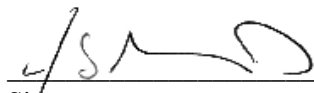
Cognitive Impairment Assessment and Care Plan Services  
Issue

99483  
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

Jeremy Musher, MD  
Printed Signature

American Psychiatric Association  
Specialty Society

March 30, 2016  
Date

Cognitive Impairment Assessment and Care Plan  
Issue

99XX3  
Code Range

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

**John Agans, MD**  
Printed Signature

**American Geriatrics Society (AGS)**  
Specialty Society

**March 28<sup>th</sup>, 2016**  
Date

Cognitive Impairment Assessment and Care Plan  
Issue

99XX3  
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.)



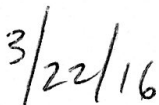
Signature

**Donna E. Sweet, MD, MACP**

Printed Signature

**American College of Physicians (ACP)**

Specialty Society



Date



\_\_\_5\_\_\_  
Tab Number

\_\_\_Cognitive Impairment Assessment and Care Plan Services\_\_\_  
Issue

\_\_\_99XX3\_\_\_  
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.)

\_\_\_Kevin A. Kerber\_\_\_  
Signature

\_\_\_Kevin A. Kerber, MD\_\_\_  
Printed Signature


\_\_\_American Academy of Neurology\_\_\_  
Specialty Society

\_\_\_3/29/2016\_\_\_  
Date

Tab Number 5**Cognitive Impairment Assessment and Care Plan**  
Issue**99XX3**  
Code Range**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

  
\_\_\_\_\_  
Signature**Jennifer R. Aloff, MD FAAFP**  
\_\_\_\_\_  
Printed Signature**American Academy of Family Physicians (AAFP)**  
\_\_\_\_\_  
Specialty Society3-31-16  
\_\_\_\_\_  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

**Revised 4-28-2016**

CPT Long Descriptor: Assessment of and care planning for the patient with cognitive impairment, requiring an independent historian, office or other outpatient, home or domiciliary or rest home, with all of the following required elements:

- Cognition-focused evaluation including a pertinent history and examination
- Medical decision making of moderate or high complexity
- Functional assessment (eg, Basic and Instrumental Activities of Daily Living), including decision-making capacity
- Use of standardized instruments for staging of dementia (eg, Functional Assessment Staging Test [FAST], Clinical Dementia Rating [CDR])
- Medication reconciliation and review for high-risk medications
- Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s)
- Evaluation of safety (eg, home), including motor vehicle operation
- Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks
- Development, updating or revision, or review of an Advance Care Plan
- Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**Advisors and subject matter experts from AAFP, AAN, ACP, AGS, and APA met by phone and via email to review the inputs and make recommendations.**

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code

Rationale: Code 99205 (level 5, new patient office visit) was selected as the key reference code for practice expense because it is the most common key reference service chosen by respondents to the survey of physician work.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

**Pre-Service Period (6 minutes)**

Clinical Labor Activities:

- Conduct initial phone call for preliminary assessment of cognitive function to determine if cognitive assessment is appropriate, identify caregivers, who should be present at the visit to provide additional information and with whom the care plan should be shared, and explain what the assessment entails, schedule the visit (and convince patient to come, if necessary).
- Gather medical records obtained from other sources (including history, x-rays and labs if applicable) and referral (where applicable) and prepare for physician review prior to visit.
- Gather any pre-existing advance care directives, surrogate decision maker forms.

**Service Period (77 minutes)**

Pre-Service Clinical Labor Activities (of Service Period): (13 minutes)

- Greet patient (and caregiver, if applicable) and direct to exam room.
- Administer and collate forms for assessing mood, cognitive status, nutrition, functional status for the provider to use.
- Obtain vital signs.

Intra-Service Clinical Labor Activities (of Service Period): (61 minutes)

- Be present during the entire assessment (except physical exam) to hear entire history and supplement physician history with additional questions to patient and caregiver.
- Gather additional history from caregiver when patient is being examined in a different room including assessing nutritional status, additional caregiver history, ability to participate in activities of daily living, ability to participate in social activities (e.g. adult day memory care center.)
- Meet with physician and clinical care team to develop written care plan.
- Compile written care plan inputs from provider include advance care documents.
- Meet with family to share and discuss care plan and to educate patient and caregiver on care plan including use of community resources.
- Coordinate future care including home or outpatient care.
- Assess nutritional status.

Post-Service Clinical Labor Activities (of Service Period): (3 minutes)

- Clean room and any utilized equipment

**Post-Service Period (9 minutes)**

Clinical Labor Activities:

- Follow up phone calls between visits with patient, family, community resources, pharmacy.

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			<b>99205</b>		<b>99483</b>	
3	Meeting Date: April 2016 Tab: 5 Cognitive Impairment Assessment and Care Plan Services <b>REVISION 2: 4-28-2016</b> Specialty: AAFP, AAN, ACP, AGS, APA	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key		Assessment of and care planning for the patient with cognitive impairment, requiring an independent	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	<b>L051A</b>	<b>RN</b>	<b>72.0</b>	<b>0.0</b>	<b>92.0</b>	<b>0.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	<b>L051A</b>	<b>RN</b>	<b>4.0</b>	<b>0.0</b>	<b>6.0</b>	<b>0.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	<b>L051A</b>	<b>RN</b>	<b>59.0</b>	<b>0.0</b>	<b>77.0</b>	<b>0.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	<b>L051A</b>	<b>RN</b>	<b>9.0</b>	<b>0.0</b>	<b>9.0</b>	<b>0.0</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
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: Gather and review X-ray, lab, pathology reports and prepare for physician review; conduct initial phone call for preliminary assessment of cognitive function; identify caregiver and explain assessment	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>4</b>		<b>6</b>	
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>3</b>		<b>3</b>	
22	Obtain vital signs	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>5</b>		<b>3</b>	
23	Provide pre-service education/obtain consent	<b>L051A</b>	<b>RN</b>	<b>15</b>		<b>5</b>	
24	Prepare room, equipment, supplies	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>2</b>		<b>2</b>	
25	Setup scope (non facility setting only)	<b>L051A</b>	<b>RN</b>				
26	Prepare and position patient/ monitor patient/ set up IV	<b>L051A</b>	<b>RN</b>	<b>2</b>			
27	Sedate/apply anesthesia						
28	Other Clinical Activity - specify:						
29	<b>Intra-service</b>						
30	Assist physician in performing procedure	<b>L051A</b>	<b>RN</b>	<b>8</b>		<b>30</b>	
31	Meet with care team to develop and draft written care plan	<b>L051A</b>	<b>RN</b>			<b>14</b>	
32	Meet with patient and caregiver to review and educate on care plan	<b>L051A</b>	<b>RN</b>			<b>17</b>	
33	Assist physician/moderate sedation (% of physician time)						
34	<b>Post-Service</b>						
35	Monitor pt. following moderate sedation						
36	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)						
37	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)						
38	Clean room/equipment by physician staff	<b>L051A</b>	<b>RN/LPN/MTA</b>	<b>3</b>		<b>3</b>	
39	Clean Scope						
40	Clean Surgical Instrument Package						
41	Complete diagnostic forms, lab & X-ray requisitions						
42	Review/read X-ray, lab, and pathology reports						
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>21</b>			
44	Other Clinical Activity - specify:						
45	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			<b>n/a</b>		<b>n/a</b>	
46	Dischrg mgmt (1.0 x 99238) (enter 12 min)			<b>n/a</b>		<b>n/a</b>	
47	Dischrg mgmt (1.0 x 99239) (enter 15 min)			<b>n/a</b>		<b>n/a</b>	
48	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>99205</b>		<b>99483</b>	
3	<b>Meeting Date: April 2016</b> <b>Tab: 5 Cognitive Impairment Assessment and Care Plan Services REVISION 2: 4-28-2016</b> <b>Specialty: AAFP, AAN, ACP, AGS, APA</b>	<b>CMS Code</b>	<b>Staff Type</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key		Assessment of and care planning for the patient with cognitive impairment, requiring an independent	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
49	<b>POST-SERVICE Period</b>						
50	<b>Start: Patient leaves office/facility</b>						
51	Conduct phone calls/call in prescriptions	<b>L051A</b>	<b>RN</b>	<b>9</b>		<b>9</b>	
52	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
53	99211 16 minutes		16				
54	99212 27 minutes		27				
55	99213 36 minutes		36				
56	99214 53 minutes		53				
57	99215 63 minutes		63				
58	<b>Total Office Visit Time</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
59	Other Clinical Activity - <i>specify:</i>						
60	<b>End: with last office visit before end of global period</b>						
61	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
62	pack, EM visit	SK047	pack	<b>1</b>		<b>1</b>	
63	Assessment monitoring instruments	SK005	item			<b>1</b>	
64	Caregiver Educational Booklets	SK062	item			<b>1</b>	
65							
66							
67							
68	<b>EQUIPMENT</b>	<b>CODE</b>					
69	Otoscope-ophthalmoscope (wall unit)	EQ189	F21 to F44	<b>72</b>		<b>77</b>	
70	table, exam	EF023	F21 to F44	<b>72</b>		<b>77</b>	
71							
72							



	A	B	C	D	E	F
	Activity	99205 Physician time for comparison	99483 Physician Time	99483 Clinical Staff Time	Additional Information	PE Line
1						
2	Total Time	67	85	92		6
3	Pre-Service Time	7	15	6		7
4	Intra-Service Time	45	50	77		8
5	Post-Service Time	15	20	9		9
6	Pre Service					
7	Call patient-caregiver, ensure all necessary information and caregiver, will be available for visit		0	6	Conduct initial phone call for preliminary assessment of cognitive function--typically with primary caregiver-- to determine if cognitive assessment is appropriate, identify caregivers, who should be present at the visit to provide additional information and with whom the care plan should be shared, and explain what the assessment entails, schedule the visit (and convince patient to come, if necessary). Gather medical records obtained from other sources (including history, x-rays and labs if applicable) and referral (where applicable) and prepare for physician review prior to visit. Gather any pre-existing advance care directives, surrogate decision maker forms. Line 8 below clinical staff and physician may discuss phone call and clinical staff may point out elements in the medical documentation gathered for the physician review.	17
8	Review Records/documents gathered by the CSW for the patient-caregiver	7	15	0	The physician may interact with the clinical staff, as necessary, to discuss what was learned during the clinical staff call. The physician reviews all gathered elements of the records, labs, tests and notes.	N/A
9	Intra-Service					
10	Greet patient/vital signs/prep room		0	8	Combine rows 21 to 25 for clinical staff, all standard times and less than 99205 as some of this education has occurred in the pre service call to patient/caregiver.	21,22, 24,
11	Provide preservice education/obtain consent			5	Introduce self to patient and care giver; explain to caregiver and patient what the assessment it and what it will include; make sure they brought the necessary documents; understand the relationship between the patient and those present and understand what the care plan will be (if appropriate); the clinical staff must to the extent possible make the patient and caregiver understand what is going on; it is an unfamiliar environment; they need to be kept calm; many with impairment can still understand certain things;	23
12	Physician and staff assess patient together	45	15	15	Together physician and clinical staff conduct the initial history, functional assessment, safety assessment; it is important that both clinical staff and physician hear the history first hand, observe both the patient's responses and the interaction between patient and caregiver, and have a chance to elucidate and clarify the history as this will have a significant influence on the subsequent care plan.	30
13	Physician examines and assesses patient alone		24	0	Physician conducts a conventional physical exam and, in addition, performs instruments to assess and stage dementia and to assess for depression. It is important that the physician perform these tests personally to observe not only the answers, but the patients' manner and response to the questions.	N/A
14	Staff meets with caregiver alone (simultaneous with physician exam)			15	Identification of care givers , care giver knowledge, care giver needs, care giver burden, social supports, and the willingness of caregiver to take on caregiving tasks; assess for behavioral and psychological symptoms of dementia that the caregiver may have been reluctant to mention with patient present;	30
15	Physician and staff meet with team to discuss assessment and agree on care plan		4	4	Physician and clinical staff will meet to identify the problems, interventions, expected outcomes and necessary referrals to manage the caer plan.	31
16	Develop and draft written care plan		0	10	The clinical staff drafts care plan, gathers necessary paperwork, educational materials to share with patient and caregiver.	31
17	Physician and staff meet with patient and caregiver to share plan and educate		7	7	Patient, caregiver and clinical staff, with physician reviewing the elements of the care plan and follow up. Physician will address specific medical and medication issues.	32
18	Staffs meets with patient and caregiver, answers questions, reviews plan again, provide education, makes phone calls to arrange external portions of care plan such as local external care options and review how the follow up with occur			10	Physician will leave and the clinical staff then meets with patient and caregiver to see if they have additional questions, reviews the care plan again. It is typically that once physician leaves that there are logistical questions or repeated items. Educating the patient and caregiver is complex, as the caregiver is going to need to agree to do things and ask questions, this time is necessary so as not to rush and ensure the care plan can and will be carried out.	32
19	Clean Room		0	3	We are only asking for time to clean one room when two are typically used.	38
20	Post-Service					
21	Document Complete Service	10	10			N/A
22	Review and final sign off of all documentation	3	3			N/A
23	Call patient/caregiver/ prescriptions	2	2	9	99205 has 9 minutes for clinical staff we believe 1 additional minute is necessary for the complex nature of taking to caregiver and the patient.	51
24	Coordinate care clinical staff and MD review progress		5	0	A critical part of this service is continued coordination of the patients progress and discussion of any necessary changes, this is done in the post service and we believe a minimum of five minutes is necessary.	51

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS High Expenditure Procedures Screen*

April 2016

**Diagnostic Bone Marrow Aspiration and Biopsy**

In the NPRM for 2016, CMS re-ran the screen for high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 38221 was one of the services identified in this screen.

Prior to the January 2016 RUC meeting, the specialty societies notified the RUC of their plan to submit a code change application to the CPT Editorial Panel to revise these services. The societies indicated their plan to improve nomenclature for these codes (ie diagnostic vs therapeutic use) and to create a CPT code to replace code G0364. At the February 2016 CPT meeting, the CPT Editorial panel created one new code to replace the existing G code and revised the descriptors for CPT codes 38220 and 38221.

**Compelling Evidence**

The specialty societies presented compelling evidence for code 38220. They noted that the physician work and times have changed relative to the amount and types of specimens that are obtained today which are greater in number than in 1995 when 38220 was discussed at the first Five-Year review. The specialty societies noted that due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics, the number of tests performed has increased, necessitating more passes to obtain additional bone marrow aspirate and material. The RUC agreed with the specialty societies that, since this procedure was originally valued, the physician work has increased as multiple passes to obtain additional bone marrow aspirate and material are now necessary. Therefore, this service would meet the compelling evidence for both technique and physician time.

The specialty societies also noted that a flawed methodology was used in the previous valuation for this service as the code has a CMS/Other designation. As the RUC has noted previously during review of other services, codes with the CMS/Other designation were never surveyed by the RUC or any other stakeholder; their physician time and work were assigned by CMS in rulemaking over 20 years ago using an unknown methodology. The RUC accepted that there is compelling evidence that both the amount of physician work and technique involved in performing 38220 has changed and that a flawed methodology was utilized when 38220 was originally valued.



### **38220 Diagnostic bone marrow; aspiration(s)**

The RUC reviewed the survey results from 121 physicians and agreed with the societies on the following physician time components: a pre-service time of 15 minutes, an intra-service time of 20 minutes and a post-service time of 12 minutes.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 1.20 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.20, the RUC compared the survey code to XXX and MPC code 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20, intra-service time of 20 minutes, total time of 50 minutes) and noted that both service involve a similar amount of physician work, have identical intra-service times and very similar total times. The RUC also reviewed 000-day global CPT code 91010 *Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;* (work RVU= 1.28, intra-service time of 20 minutes, total time of 50 minutes) and agreed that this reference code further supports a work RVU of 1.20 for the survey code. **The RUC recommends a work RVU of 1.20 for CPT code 38220.**

### **38221 Diagnostic bone marrow; biopsy(ies)**

The RUC reviewed the survey results from 120 physicians and agreed with the societies on the following physician time components: 15 minutes of pre-service time, 20 minutes of intra-service time and 15 minutes of post-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that an appropriate value for this service is between the survey median RVU of 1.80 and survey 25<sup>th</sup> percentile value of 1.20. To determine an appropriate work value, the RUC compared the survey code to XXX code 99315 *Nursing facility discharge day management; 30 minutes or less* (work RVU=1.28, intra-service time of 20 minutes, total time of 40 minutes) and noted that reference code involves similar physician work and has identical intra-service time relative to the survey code. Therefore, the RUC recommends a direct work RVU crosswalk from code 99315 to code 38221. To further support this recommendation, the RUC compared the survey code to 000-day global code 91010 *Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;* (work RVU= 1.28, intra-time of 20 minutes, total time of 50 minutes) and noted that both services involve a similar amount of physician work and have identical intra-service and total times. **The RUC recommends a work RVU of 1.28 for CPT code 38221.**

### **38222 Diagnostic bone marrow; biopsy(ies) and aspiration(s)**

The RUC reviewed the survey results from 120 physicians and agreed with the societies on the following physician time components: 15 minutes of pre-service time, 30 minutes of intra-service time and 15 minutes of post-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey respondents somewhat overvalued the work involved, with a 25<sup>th</sup> percentile RVU of 1.50. To determine an appropriate work value, the RUC compared the survey code to 000-day code 91022 *Duodenal motility (manometric) study* (work RVU= 1.44, intra-service time of 30 minutes, total time of 61 minutes) and noted that both services involve a similar amount of physician work and have identical intra-service times. Therefore, the RUC recommends a direct work RVU crosswalk from code 91022 to code 38222. To further support this recommendation, the RUC compared the survey code to XXX code 90832 *Psychotherapy, 30 minutes with patient and/or family member* (work RVU= 1.50, intra-service time 30 minutes and total time of 45 minutes) and noted that both services have identical intra-service times and involve a similar amount of physician work. **The RUC recommends a work RVU of 1.44 for CPT code 38222.**

### **Global Period**

At the April 2016 RUC meeting, the RUC questioned why the current global period for these procedures is XXX, while a 000-day global would seem more appropriate. The specialties concurred with the RUC that a 000-day global would be more appropriate. **The RUC recommends for CMS to convert CPT codes 38220, 38221 and 38222 to a 000-day global period. The RUC noted that the Committee's recommendations are not contingent on this global period change.** To facilitate CMS' evaluation of the global period change recommendation, this RUC recommendation includes both XXX and 000-day reference codes for each survey code.

### **Practice Expense**

The clinical labor type was changed from the requested L051A RN to the more typical blend L037D RN/LPN/MTA with the exception of the intra-service time, as an RN typically assists the patient only with performing the procedure itself. The amount of milliliters for fixative in the supplies were also corrected. The amount of supplies included are adequate regardless and independent the number of passes and the amount of material that was obtained for each service in the family. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

### **New Technology**

These services will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

### **Work Neutrality**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Surgery</b> <b>Musculoskeletal System</b> <b>General</b> <b>Excision</b> 20150 <i>Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision</i> (For aspiration of bone marrow, use 38220) 20220 <i>Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)</i> 20225 <i>deep (eg, vertebral body, femur)</i> (Do not report 20225 in conjunction with 22510, 22511, 22512, 22513, 22514, 22515, 0200T, 0201T, when performed at the same level) (For bone marrow biopsy(ies) and/or aspiration(s), use <u>see 38220, 38221, 38222</u> ) (For radiologic supervision and interpretation, see 77002, 77012, 77021) <b>Grafts (Or Implants)</b> + 20936 <i>Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)</i>				

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

<p><b>✚20938</b>      <i>structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)</i></p> <p><i>(Use 20938 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812)</i></p> <p><i>(For <del>needle</del> aspiration of bone marrow for the purpose of bone grafting <u>and other therapeutic musculoskeletal applications</u>, use <del>38220</del> <u>20999</u>. Do not report <del>38220-38230</del> for bone marrow aspiration for platelet rich stem cell injection. For bone marrow aspiration for platelet rich stem cell injection, use 0232T)</i></p> <p><b>Surgery</b></p> <p><b>Hemic and Lymphatic Systems</b></p> <p><b>General</b></p> <p><b>Bone Marrow or Stem Cell Services/Procedures</b></p>				
<b>D G0364</b>	-	<del>Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service</del>	<del>XXX</del>	0.16
<b>▲38220</b>	C1	<p><u>Diagnostic B</u>bone marrow; aspiration(s) <u>only</u></p> <p><del>(For needle aspiration of bone marrow for the purpose of bone grafting, use 38220)</del></p> <p><del>(Do not report 38220 with 38221, use 38222 when biopsy(ies) and aspiration(s) are performed together)</del></p> <p><del>(Do not report 38220 in conjunction with 38221)</del></p> <p><u>(For diagnostic bone marrow biopsy(ies) and aspiration(s) performed at the same session, use 38222)</u></p>	<p>000</p> <p><del>XXX</del></p>	1.20

		(Do not report 38220-38230 for bone marrow aspiration for platelet rich stem cell injection <u>or for therapeutic musculoskeletal applications.</u> For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T. For bone marrow aspiration(s) for the purpose of bone grafting and other therapeutic musculoskeletal applications, use 20999)		
▲38221	C2	<p>biopsy(ies), <del>needle or trocar</del></p> <p><del>(Do not report 38221 with 38220, use 38222 when biopsy(ies) and aspiration(s) are performed together)</del></p> <p><u>(Do not report 38221 in conjunction with 38220)</u></p> <p><u>(For diagnostic bone marrow biopsy(ies) and aspiration(s) performed at the same session, use 38222)</u></p> <p><del>(For bone marrow biopsy interpretation, use 88305)</del></p>	000 <del>XXX</del>	1.28
●38222	C3	<p>biopsy(ies) and aspiration(s)</p> <p><u>(Do not report 38222 in conjunction with 38220 and 38221)</u></p> <p><u>(For bilateral procedure, report 38220, 38221, 38222 with modifier 50)</u></p> <p><u>(For bone marrow biopsy interpretation, use 88305)</u></p>	000 <del>XXX</del>	1.44

**Bone Marrow or Stem Cell Services/Procedures**

38230      *Bone marrow harvesting for transplantation; allogeneic*

38232      *autologous*

(For autologous and allogeneic blood-derived peripheral stem cell harvesting for transplantation, see 38205, -38206)

(For diagnostic bone marrow aspiration(s), ~~use~~ see 38220, 38222)

(For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T. For bone marrow aspiration(s) for the purpose of bone grafting and other therapeutic musculoskeletal applications, use 20999)

**Transplantation and Post-Transplantation Cellular Infusions**

38242      *Allogeneic lymphocyte infusions*

(For diagnostic bone marrow aspiration(s), ~~use~~ see 38220, 38222)

(For bone marrow aspiration(s) for platelet rich stem cell injection, use 0232T. For bone marrow aspiration(s) for the purpose of bone grafting and other therapeutic musculoskeletal applications, use 20999)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 38220      Tracking Number   C1

Original Specialty Recommended RVU: **1.20**  
Presented Recommended RVU: **1.20**  
RUC Recommended RVU: **1.20**

Global Period: XXX

CPT Descriptor: Diagnostic bone marrow aspiration(s)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 59-year-old male with known acute myeloid leukemia (AML) with rare circulating blasts requiring aspirate for assessment of relapse and clonal evolution.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 26%

Description of Pre-Service Work: Review clinical history including laboratory data to validate the need for the procedure and determine the type (aspirate, biopsy) to perform, and the appropriate studies (e. g. flow cytometry, cultures, genomics) to order. Inquire about allergies (topical cleansing solution, lidocaine, sedatives, anxiolytics) from patient and any prior history of excessive or prolonged bleeding. Explain the risks, benefits, and alternatives to the patient and obtain informed consent. Enter orders into computer system and confirm patient information. The patient is placed into a lateral decubitus position and the physician identifies landmarks, dons sterile gloves, and preps patient with appropriate antiseptic and local anesthetic. A time out to confirm patient identity is performed.

Description of Intra-Service Work: The physician makes a small incision with a scalpel, inserts and advances the bone marrow aspiration needle to the periosteal bone surface position and drills needle into the posterior iliac crest marrow space. The trocar is then removed. The patient is questioned and warned about pain and approximately 3 mL of the bone marrow is aspirated and used to prepare microscopic slides at the bedside with a technologist's assistance after s/he confirms the presence of at least one spicule. If necessary, the needle is repositioned after extraction from bone and the process repeated maintaining sterile techniques until adequate spicules are identified. Additional aspirates are obtained for culture, cytogenetics, flow cytometry, and molecular diagnostics. The physician reintroduces trocar and extracts needle. The physician places pressure on wound site for hemostasis and the wound is then cleansed and bandaged.

Description of Post-Service Work: The physician completes the procedure note and writes orders.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Dr. David Regan, Dr. Elizabeth Blanchard, Dr. Michael Lill, Dr. Jonathan Myles				
<b>Specialty(s):</b>	ASCO, ASH, ASBMT, CAP				
<b>CPT Code:</b>	38220				
<b>Sample Size:</b>	7,735	<b>Resp N:</b>	121	<b>Response:</b> 1.5 %	
<b>Description of Sample:</b>	Random				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	0.00	4.00	<b>10.00</b>	25.00	800.00
<b>Survey RVW:</b>	0.20	1.20	<b>1.70</b>	2.50	30.00
<b>Pre-Service Evaluation Time:</b>			<b>15.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	7.00	15.00	<b>20.00</b>	30.00	60.00
<b>Immediate Post Service-Time:</b>	<u><b>12.00</b></u>				
<b>Post Operative Visits</b>	<u><b>Total Min**</b></u>	<u><b>CPT Code and Number of Visits</b></u>			
<b>Critical Care time/visit(s):</b>	<u><b>0.00</b></u>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<u><b>0.00</b></u>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<u><b>0.00</b></u>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<u><b>0.00</b></u>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<u><b>0.00</b></u>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<u><b>0.00</b></u>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*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

<b>CPT Code:</b>	38220	<b>Recommended Physician Work RVU: 1.20</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>15.00</b>	<b>0.00</b>	<b>15.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>20.00</b>			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>12.00</b>	<b>0.00</b>	<b>12.00</b>	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99215	XXX	2.11	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99232	XXX	1.39	RUC Time

CPT Descriptor Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
88331	XXX	1.19	RUC Time	526,449

CPT Descriptor 1 Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 28      % of respondents: 23.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 19      % of respondents: 15.7 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>38220</u></b>	<b>Top Key Reference CPT Code: <u>99215</u></b>	<b>2nd Key Reference CPT Code: <u>99232</u></b>
Median Pre-Service Time	15.00	5.00	10.00
Median Intra-Service Time	20.00	35.00	20.00
Median Immediate Post-service Time	12.00	15.00	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
<b>Median Total Time</b>	<b>47.00</b>	<b>55.00</b>	<b>40.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.21	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.04	-0.11
Urgency of medical decision making	0.11	0.16

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.71	1.26
Physical effort required	0.93	1.26

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.21	0.68
Outcome depends on the skill and judgment of physician	0.32	0.63
Estimated risk of malpractice suit with poor outcome	-0.04	0.26

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.46	0.32
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

In the Final Rule for 2016 CMS re-ran the high expenditure services (*CMS High Expenditure Procedures Screen*) across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. **CPT code 38221 Bone marrow; biopsy, needle or trocar** was listed in this screen and is being brought forward to RUC, after the family 38221, G0364 and 38220 were revised at the February 2016 CPT Panel meeting. Specifically, at the February 2016 meeting CPT code 38220 was revised to specify diagnostic aspiration of bone marrow; revised bone marrow biopsy code 38221 by removing the specification of needle or trocar; addition of a new code to describe diagnostic bone marrow biopsy (ies) and aspiration(s) that would address the service currently reported with the ZZZ add-on G code, G0364 *Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service*.

The surveying societies convened an RVS consensus committee (herein referred to as "joint societies") consisting of experts appointed from the American Society of Clinical Oncology (ASCO), American Society of Hematology (ASH), American Society for Bone and Marrow Transplantation (ASBMT) and the College of American Pathologists (CAP).

**Compelling Evidence**

The joint societies believe that compelling evidence exists for this family that includes CPT 38220, 38221 and the new combined code 38222. Specifically, the physician work and times have changed relative to the amount and types of specimens that are obtained today which are greater in number than in 1995 when 38220 and 38221 were discussed at the 1<sup>st</sup> five year review. Due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics the number of tests performed has increased. Therefore, this service would meet the compelling evidence for both technique and physician time. Additionally, we believe that the survey supports evidence that assumptions were made in the valuation in that the service was based on CMS/other codes.

### **38220 Survey Results & Recommendations:**

The joint societies reviewed and discussed the survey results. The surveys were sent randomly to members of the joint societies. The joint societies were pleased that there were 121 responses to the survey request. The survey performance rate median was 10 studies per year among the 121 respondents are a reasonable rate given CPT 38220 is a relatively low volume procedure, which adds support to the survey responses. The joint society's experts agreed that the survey physician median times of 15 minutes pre-service, 20 minutes intra-service and 12 minutes of post-service time accurately reflect the current time required to perform this service. As the prior time only noted as total time of 34 minutes are CMS/other and not part of a survey we believe the current survey times 15-20-12 should prevail.

The joint societies believe the median RVW of 1.70 is too high to recommend and not consistent with the rank order in this family or of other services, while the survey 25<sup>th</sup> percentile of 1.20 represents the appropriate value of the service. As noted in our compelling evidence arguments both physician time and work has changed for the aspiration service since 1995 due to the amount of aspirates and testing that are standards of care today. The table below and discussion below will supply supporting evidence for our recommendation to accept the 25<sup>th</sup> percentile of 1.20 RVW.

Key reference code 1 (CPT 99215) was chosen by 28 survey respondents. The intensity complexity measures were a mix of slightly lower value and slightly higher value which supports our notion that the median is too high. Key reference code 2 is 99232 and as in Key reference code 1 a much higher value than the existing value of 1.08, again supporting our recommendation that this service has changed and is more work today than in 1995. The intensity complexity comparisons as noted in this SOR are identical and somewhat more, for most measures. This again suggests that the survey respondents believe this service is more work than the current value.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services clearly support maintaining CPT at the 25<sup>th</sup> percentile with the median times.

<b>CPT</b>	<b>Short Description</b>	<b>RVW</b>	<b>Pre</b>	<b>Intra</b>	<b>Post</b>	<b>Total</b>
76813	Ultrasound, pregnant uterus, real time	1.18	5	20	10	35
95868	Needle electromyography; cranial nerve	1.18	10	20	10	40
<b>38220</b>	<b>Diagnostic bone marrow; aspiration(s)</b>	<b>1.20</b>	<b>15</b>	<b>20</b>	<b>12</b>	<b>47</b>
95805	Multiple sleep latency	1.20	15	20	15	50
99339	Individual physician supervision	1.25	10	20	10	40

In summary, CPT code 38220, the joint societies believe the change in technique and physician work support the 25<sup>th</sup> percentile RVW 1.20. Therefore, tracking number C1, we recommend an RVW of 1.20 with pre time 15 minutes, intra time 20 minutes and 12 minutes of post time.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 38220

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 Hem/Onc                      How often? Commonly

Specialty Med Onc                      How often? Commonly

Specialty Pathology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 103599

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national total was estimated by taking the 2014 Medicare claims volume and multiplied by 3.

Specialty Hem/Onc	Frequency 34188	Percentage 33.00 %
Specialty Med Onc	Frequency 10360	Percentage 10.00 %
Specialty Pathology	Frequency 8288	Percentage 8.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 34,533 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We revised the specialties to Hem/Onc, Med Onc, and Pathology. The RUC database reflects the top three specialties as Hem/Onc, Orthopedic Surgery, and Neurosurgery. However, we believe the addition of the word "diagnostic" to the CPT code description will change the specialty mix once implemented in 2017.

Specialty Hem/Onc	Frequency 11396	Percentage 33.00 %
Specialty Med Onc	Frequency 3453	Percentage 9.99 %

Specialty Pathology

Frequency 2763

Percentage 8.00 %

CPT Code: 38220

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:

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### **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 38242. Note: The RUC database reflects the top three specialties as Hem/Onc, Orthopedic Surgery, and Neurosurgery. However, we believe the addition of the word "diagnostic" to the CPT code description will change the specialty mix once implemented in 2017

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: 38221      Tracking Number   C2

Original Specialty Recommended RVU: **1.37**Presented Recommended RVU: **1.37**

Global Period: XXX

RUC Recommended RVU: **1.28**

CPT Descriptor: Diagnostic bone marrow biopsy (ies)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 50-year-old male with newly diagnosed Hodgkin's disease who presents with adenopathy and fever. Patient requires bone marrow biopsy for staging to determine bone marrow involvement.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 26%

Description of Pre-Service Work: Review clinical history including laboratory data to validate the need for the procedure and determine the type (aspirate, biopsy, and flow cytometry, cultures) to perform, and the appropriate studies (e. g. flow cytometry, cultures, genomics) to order. Inquire about allergies (topical cleansing solution, lidocaine, sedatives, anxiolytics) from patient and any prior history of excessive or prolonged bleeding. Explain the risks, benefits and alternatives to the patient and obtain informed consent. Enter orders into computer system and confirm patient information. The patient is placed into lateral decubitus position, and the physician identifies landmarks, dons sterile gloves, and preps patient with appropriate antiseptic and local anesthetic. A time out to confirm patient identity is performed.

Description of Intra-Service Work: The physician makes a small incision with a scalpel, inserts and advances the bone marrow biopsy needle to the periosteal bone surface position and drills needle into the posterior iliac crest marrow space. Physician removes trocar. Patient is questioned regarding signs of pain. Physician drills needle about 2 cm into the bone/bone marrow of patient. Physician then replaces trocar to make sure that the biopsy is at least 2 cm in length and removes trocar again. Physician then rocks needle back and forth to break off biopsy. Biopsy is removed. Physician assesses bone marrow and biopsy length for adequacy. If adequate, biopsy needle is removed; if necessary a second biopsy is performed. If not, physician with places pressure on wound site for hemostasis cleanses the wound area and bandages. If the first biopsy is inadequate, the physician drills the needle again about 2 cm into the bone/bone marrow of patient. Physician then replaces the trocar to make sure that the biopsy is at least 2 cm in length. Physician then rocks needle back and forth to break off biopsy. Needle is removed, and removes biopsy. The biopsy is assessed to make certain it is bone marrow and the biopsy is measured for length and assessed for adequacy. If biopsy is less than 2 cm, another biopsy is done. The physician places pressure on wound site for hemostasis and the wound is then cleansed and bandaged

Description of Post-Service Work: The physician completes the procedure note and writes orders. Physician is monitoring the patient post-procedure.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Dr. David Regan, Dr. Elizabeth Blanchard, Dr. Michael Lill, Dr. Jonathan Myles				
<b>Specialty(s):</b>	ASCO, ASH, ASBMT, CAP				
<b>CPT Code:</b>	38221				
<b>Sample Size:</b>	7735	<b>Resp N:</b>	120	<b>Response:</b>	1.5 %
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	10.00	27.00	500.00
<b>Survey RVW:</b>	0.20	1.20	1.80	2.52	45.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	15.00	20.00	30.00	60.00
<b>Immediate Post Service-Time:</b>	<u>15.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	38221	<b>Recommended Physician Work RVU: 1.28</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	0.00	15.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	20.00			
<b>Please, pick the <u>post-service</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	0.00	15.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99215	XXX	2.11	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99232	XXX	1.39	RUC Time

CPT Descriptor Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
88331	XXX	1.19	RUC Time	526,449

CPT Descriptor 1 Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 22.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 15      % of respondents: 12.3 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>38221</u></b>	<b>Top Key Reference CPT Code: <u>99215</u></b>	<b>2nd Key Reference CPT Code: <u>99232</u></b>
Median Pre-Service Time	15.00	5.00	10.00
Median Intra-Service Time	20.00	35.00	20.00
Median Immediate Post-service Time	15.00	15.00	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
<b>Median Total Time</b>	<b>50.00</b>	<b>50.00</b>	<b>40.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.19	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.04	-0.13
Urgency of medical decision making	0.11	0.00

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.78	1.33
Physical effort required	1.00	1.27

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.26	0.60
Outcome depends on the skill and judgment of physician	0.33	0.47
Estimated risk of malpractice suit with poor outcome	0.04	0.40

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.48	0.40
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

In the Final Rule for 2016 CMS re-ran the high expenditure services (*CMS High Expenditure Procedures Screen*) across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. **CPT code 38221 Bone marrow; biopsy, needle or trocar** was listed in this screen and is being brought forward to RUC, after the family 38221, G0364 and 38220 were revised at the February 2016 CPT Panel meeting. Specifically, at the February 2016 meeting CPT code 38220 was revised to specify diagnostic aspiration of bone marrow; revised bone marrow biopsy code 38221 by removing the specification of needle or trocar; addition of a new code to describe diagnostic bone marrow biopsy (ies) and aspiration(s) that would address the service currently reported with the ZZZ add-on G code, G0364 *Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service*.

The surveying societies convened an RVS consensus committee (herein referred to as "joint societies") consisting of experts appointed from the American Society of Clinical Oncology (ASCO), American Society of Hematology (ASH), American Society for Bone and Marrow Transplantation (ASBMT) and the College of American Pathologists (CAP).

**Compelling Evidence**

The joint societies believe that compelling evidence exists for this family that includes CPT 38220, 38221 and the new combined code 38222. Specifically, the physician work and times have changed relative to the amount and types of specimens that are obtained today which are greater in number than in 1995 when 38220 and 38221 were discussed at the 1<sup>st</sup> five year review. Due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics the number of tests performed has increased. Therefore, this service would meet the compelling evidence for both technique and physician time. Additionally, we believe that the survey supports evidence that assumptions were made in the valuation in that the service was based on CMS/other codes.

### **38221 Survey Results & Recommendations:**

The joint societies were pleased that there were 120 responses to the survey request. The survey performance rate median was 10 studies per year among the 120 respondents are a reasonable rate given the volume of this revised code is projected to decrease by the volume of the G add on code since 38222 will describe the full combine procedure rather than using an add on code. We believe that the survey respondents recognized the changes to the new family, which adds support to the survey responses. The joint society's experts agreed that the survey physician median times of 15 minutes pre-service, 20 minutes intra-service, 15 minutes post service time accurately reflect the times required to perform this service. As the prior times are CMS/other and not part of a survey we believe the survey times should prevail.

The joint societies reviewed the median RVW of 1.80 and like CPT 38220 believe that value is too high. However, the rank order of the medians is a better representation and relationship of the work between 38220 to 38221. The joint societies disagree with accepting the 25<sup>th</sup> percentile for this service and believe that maintaining the current value of 1.37 while accepting the median times is the correct representation of the rank order and work of these services.

Key reference code 1 (CPT 99215) was chosen by 27 survey respondents. The intensity complexity measures were a mix of slightly lower value and slightly higher value which supports our notion that the median is too high. Key reference code 2 (CPT 99232) was chosen by 15 respondents has a value of 1.39, again supporting our recommendation to maintain the current work value of 1.37. This is supported by the intensity complexity measures, where most believe the services were similar or slightly more work.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services clearly support maintaining CPT 38221 at the current RVW 1.37 with the median times.

<b>CPT</b>	<b>Short Description</b>	<b>RVW</b>	<b>Pre</b>	<b>Intra</b>	<b>Post</b>	<b>Total</b>
73721	MRI joint lower extremity; w/o contrast	1.35	5	20	5	30
94003	Ventilation assist and management	1.37	10	20	10	40
<b>38221</b>	<b>Diagnostic bone marrow; biopsy(ies)</b>	<b>1.37</b>	<b>15</b>	<b>20</b>	<b>15</b>	<b>50</b>
99232	Subsequent hosp care	1.39	10	20	10	50
99203	E/M moderate, typical 30 min	1.42	4	20	5	29

In summary, for CPT code 38221 the joint societies believe maintaining the current value of 1.37 and accepting the median survey times preserve the appropriate rank of the family. Therefore, for tracking number C2, we recommend an RVW of 1.37 with pre time at 15 minutes, intra time 20 minutes and 15 minutes of post time.

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) 38221

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 Hem/Onc                      How often? Commonly

Specialty Diagnostic Radiology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 133413

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This total was estimated by taking the 2014 Medicare claims volume multiplied by 3 minus the 2014 volume for HCPCS code G0364.

Specialty Hem/Onc	Frequency 54659	Percentage 40.96 %
Specialty Diagnostic Radiology	Frequency 18851	Percentage 14.12 %
Specialty Medical Oncology	Frequency 13235	Percentage 9.92 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 44,471 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This total was estimated from the 2014 Medicare claims volume in the RUC database minus the volume of HCPCS code G0364.

Specialty Hem/Onc	Frequency 18220	Percentage 40.97 %
Specialty Diagnostic Radiology	Frequency 6284	Percentage 14.13 %
Specialty Medical Oncology	Frequency 4412	Percentage 9.92 %

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:

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### **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 38221

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: 38222      Tracking Number   C3

Original Specialty Recommended RVU: **1.50**Presented Recommended RVU: **1.50**

Global Period: XXX

RUC Recommended RVU: **1.44**

CPT Descriptor: Diagnostic bone marrow biopsy (ies) and aspiration(s)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: 59-year-old female presenting with peripheral blood pancytopenia with non-diagnostic iron studies and level B12. Patient requires bone marrow biopsy and aspiration for diagnosis.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 24%

Description of Pre-Service Work: Review clinical history including laboratory data to validate the need for the procedure and determine the type (aspirate, biopsy,) to perform, and the appropriate studies (e.g. flow cytometry, cultures, genomics) to order. Inquire about allergies (topical cleansing solution, lidocaine, sedatives, anxiolytics) from patient and any prior history of excessive or prolonged bleeding. Explain risks, benefits, and alternatives to the patient and obtain informed consent. Enter orders into computer system and confirm patient information. The patient is placed into lateral decubitus position, and the physician, identifies landmarks, dons sterile gloves, and preps patient with appropriate antiseptic and local anesthetic.

Description of Intra-Service Work: The physician makes small incision with a scalpel, inserts and advances the bone marrow aspiration needle to the periosteal bone surface position and drills needle into the posterior iliac crest marrow space, the trocar is then removed. The patient is questioned and warned about pain and approximately 3mL of the bone marrow is aspirated and used to prepare microscopic slides at the bedside with a technologist's assistance after s/he confirms the presence of at least one spicule present. If necessary, the needle is repositioned after extraction from bone and the process repeated maintaining sterile techniques until adequate spicules are identified. Additional aspirates are obtained for culture, culture, cytogenetics, flow cytometry and molecular diagnostics. The physician then introduces the biopsy needle. Through the same skin hole, but to a different spot in bone surface the needle is advanced to the periosteal bone surface position and the needle is drilled into the posterior iliac crest marrow space. Physician removes trocar. Patient is questioned regarding signs of pain. Physician drills needle about 2 cm into the bone/bone marrow of patient. Physician then replaces trocar to make sure that the biopsy is at least 2 cm in length and removes trocar again. Physician then rocks needle back and forth to break off biopsy. Biopsy is removed. Physician assesses bone marrow and biopsy length for adequacy. If adequate, biopsy needle is removed; if necessary a second biopsy is performed. If not, physician with places pressure on wound site for hemostasis cleanses the wound area and bandages.



Description of Post-Service Work: The physician completes the procedure note and writes orders. Physician is monitoring the patient post-procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Dr. David Regan, Dr. Elizabeth Blanchard, Dr. Michael Lill, Dr. Jonathan Myles				
<b>Specialty(s):</b>	ASCO, ASH, ASBMT, CAP				
<b>CPT Code:</b>	38222				
<b>Sample Size:</b>	7735	<b>Resp N:</b>	120	<b>Response:</b>	1.5 %
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	25.00	50.00	500.00
<b>Survey RVW:</b>	0.25	1.50	2.32	3.00	60.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	20.00	30.00	35.00	120.00
<b>Immediate Post Service-Time:</b>	<u>15.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	38222	<b>Recommended Physician Work RVU: 1.44</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	15.00	0.00	15.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	30.00			
<b>Please, pick the <u>post-service</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	0.00	15.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99215	XXX	2.11	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99234	XXX	2.56	RUC Time

CPT Descriptor Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
88331	XXX	1.19	RUC Time	526,449

CPT Descriptor 1 Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 22.5 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 16      % of respondents: 13.3 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <b><u>38222</u></b>	<b>Top Key Reference CPT Code:</b> <b><u>99215</u></b>	<b>2nd Key Reference CPT Code:</b> <b><u>99234</u></b>
Median Pre-Service Time	15.00	5.00	14.00
Median Intra-Service Time	30.00	35.00	40.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>60.00</b>	<b>55.00</b>	<b>69.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.04	0.06
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.19	0.19
Urgency of medical decision making	0.11	-0.19

**Technical Skill/Physical Effort (Mean)**

Technical skill required	1.04	1.13
Physical effort required	1.12	1.47

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.48	0.75
Outcome depends on the skill and judgment of physician	0.56	0.88
Estimated risk of malpractice suit with poor outcome	0.37	0.38

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> 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 IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

In the Final Rule for 2016 CMS re-ran the high expenditure services (*CMS High Expenditure Procedures Screen*) across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. **CPT code 38221 Bone marrow; biopsy, needle or trocar** was listed in this screen and is being brought forward to RUC, after the family 38221, G0364 and 38220 were revised at the February 2016 CPT Panel meeting. Specifically, at the February 2016 meeting CPT code 38220 was revised to specify diagnostic aspiration of bone marrow; revised bone marrow biopsy code 38221 by removing the specification of needle or trocar; addition of a new code to describe diagnostic bone marrow biopsy (ies) and aspiration(s) that would address the service currently reported with the ZZZ add-on G code, G0364 *Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service*.

The surveying societies convened an RVS consensus committee (herein referred to as "joint societies") consisting of experts appointed from the American Society of Clinical Oncology (ASCO), American Society of Hematology (ASH), American Society for Bone and Marrow Transplantation (ASBMT) and the College of American Pathologists (CAP).

**Compelling Evidence**

The joint societies believe that compelling evidence exists for this family that includes CPT 38220, 38221 and the new combined code 38222. Specifically, the physician work and times have changed relative to the amount and types of specimens that are obtained today which are greater in number than in 1995 when 38220 and 38221 were discussed at the 1<sup>st</sup> five year review. Due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics the number of tests performed has increased. Therefore, this service would meet the compelling evidence for both technique and physician time. Additionally, we believe that the survey supports evidence that assumptions were made in the valuation in that the service was based on CMS/other codes.

### **38222 Survey Results & Recommendations:**

The joint societies reviewed and discussed the survey results. The joint societies were pleased that there were 120 responses to the survey request. The survey performance rate median was 25 studies per year among the 120 respondents are appropriate since we believe the literature and current practice supports performing the services together. We believe a performance rate of 25 is appropriate rate given the volume of this new code is projected to be similar to the volume of the G add on code since 38222 will describe the full combination procedure rather than using an add on code. We believe that the survey respondents recognized the changes to the new family, which adds support to the survey responses.

The joint society's experts agreed that the survey physician median times of 15 minutes pre-service, 30 minutes intra-service, and 15 minutes post service time accurately reflect the times required to perform this service. As the prior times are CMS/other and not part of a survey, we believe the survey times should prevail.

The joint societies believe the median RVW of 2.32 is too high to recommend and not consistent with the rank order in this family or of other services, while the survey 25<sup>th</sup> percentile of 1.50 correctly supports the value today. As noted in our compelling evidence arguments both physician time and work has changed for the aspiration service since 1995 due to the amount of aspirates and testing that are standards of care today. The table below and discussion below will supply supporting evidence for our recommendation to accept the 25<sup>th</sup> percentile of 1.50 RVW.

Key reference code 1 (CPT 99215) was chosen by 27 survey respondents and Key reference 2 CPT 99234 by 16 respondents. The intensity complexity measures were a mix of slightly lower value and slightly higher value which supports our notion that the median is too high. If you add the RVWs for the current 38221 plus the add on G0364 the current RVW is 1.53. This supports the 25<sup>th</sup> percentile value of 1.50 which we believe is the appropriate value for the combine service.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services is supported CPT at the 25<sup>th</sup> percentile with the median times.

CPT	Short Description	RVW	Pre	Intra	Post	Total
99497	Advance Care planning	1.50	5	30	10	45
90832	Psychotherapy, 30 minutes	1.50	5	30	10	45
<b>38222</b>	<b>Diagnostic bone marrow; biopsy(ies) and aspiration(s)</b>	<b>1.50</b>	<b>20</b>	<b>30</b>	<b>15</b>	<b>60</b>
99325	Dom-Res home visit	1.52	10	30	12	52
99342	Home visit	1.52	10	30	12	52
76551	Ophthalmic ultrasound	1.55	5	30	10	45

In summary, CPT code 38222, the joint societies believe the change in technique and physician work support the 25<sup>th</sup> percentile RVW 1.50. Therefore, for tracking number C3, we recommend an RVW of 1.50 with pre time 15 minutes, intra time 30 minutes and 15 minutes of post time.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was previously reported as G0364 (Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service) in conjunction with CPT code 38221.

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 Hem/Onc                      How often? Commonly

Specialty Diagnostic Radiology                      How often? Commonly

Specialty Medical Oncology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 246153

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number was obtained by taking the 2014 Medicare volume and multiplying it by 3.

Specialty Hem/Onc	Frequency 100849	Percentage 40.97 %
Specialty Diagnostic Radiology	Frequency 34781	Percentage 14.12 %
Specialty Medical Oncology	Frequency 24418	Percentage 9.91 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 82,051 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. This number was obtained from the Part B National Summary Data File 2014  
 for G0364.

Specialty Hem/Onc	Frequency 33616	Percentage 40.96 %
Specialty Diagnostic Radiology	Frequency 11594	Percentage 14.13 %
Specialty Medical Oncology	Frequency 8139	Percentage 9.91 %

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:

---

### **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 This service was previously reported as G0364 (Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service) in conjunction with CPT code 38221. We do not believe this mix will change.

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



ISSUE: Bone Marrow Aspiration and Biopsy

TAB: 6

Global	Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical							MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
XXX		REF 1	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.	28	0.047	2.11					55	5	35					15					
XXX		REF 2	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making	19	0.047	1.39					40	10	20					10					
XXX		CMS/Other	38220	Bone marrow; aspiration only		n/a			1.08			34												
78%		SVY Total	▲38220	Diagnostic bone marrow; aspiration(s)	121	0.055	0.20	1.20	1.70	2.50	30.00	47	15	7	15	20	30	60	12	0	4	10	25	800
		REC	▲38220	Diagnostic bone marrow; aspiration(s)		0.030	1.20					47	15			20			12					

Percent						RVW					Total	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
XXX	REF 1	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians; other	27	0.047	2.11					55	5	35					15					
XXX	REF 2	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making	15	0.047	1.39					40	10	20					10					
XXX	CMS/Other	38221	Bone marrow; biopsy, needle or trocar		n/a			1.37			43												
83%	SVY Total	▲ 38221	Diagnostic bone marrow; biopsy(ies)	120	0.056	0.20	1.20	1.80	2.52	45.00	50	15	5	15	20	30	60	15	0	4	10	27	500
	REC	▲ 38221	Diagnostic bone marrow; biopsy(ies)		0.030	1.28					50	15			20			15					

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD POST	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
XXX	REF 1	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.	27	0.047	2.11					55	5	35					15					
XXX	REF 2	99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or	16	0.048	2.56					69	14	40					15					
XXX	CMS/Other	38221	Diagnostic bone marrow; biopsy(ies) and aspiration(s)		n/a			1.37			43												
ZZZ	CMS/Other	G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service		0.032			0.16			5				5								
92%	SVY Total	●38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	120	0.055	0.25	1.50	2.32	3.00	60.00	60	15	5	20	30	35	120	15	0	10	25	50	500
	REC	●38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)		0.026	1.44					60	15			30			15					

6  
Tab Number


**Diagnostic Bone Marrow Aspiration and Biopsy  
Issue**

**38220, 38221, 382X3**  
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 LILL, M.D.  
Printed Signature

HEMATOLOGY/ONCOLOGY  
Specialty Society

4/4/16  
Date

6  
Tab Number

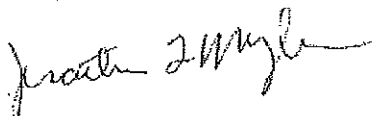
**Diagnostic Bone Marrow Aspiration and Biopsy**  
Issue

**38220, 38221, 382X3**  
Code Range

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\_\_\_\_\_  
Signature

Jonathan Myles \_\_\_\_\_  
Printed Signature

College of American Pathologists \_\_\_\_\_

April 5, 2016  
Date

6  
Tab Number

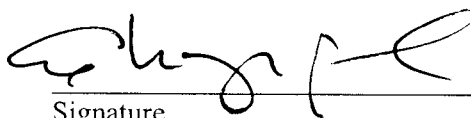
**Diagnostic Bone Marrow Aspiration and Biopsy**  
Issue

**38220, 38221, 382X3**  
Code Range

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Signature

Elizabeth Blanchard

Printed Signature

ASCO

Specialty Society

March 31, 2016

Date

6  
Tab Number

**Diagnostic Bone Marrow Aspiration and Biopsy  
Issue**

**38220, 38221, 382X3  
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

DAVID H. RECK, MD  
Printed Signature

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Diagnostic bone marrow biopsy (ies) and aspiration(s)

Global Period: XXX

Meeting Date: April 2016

Revised 4/27/16

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from ASCO, ASH, ASBMT, and CAP held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
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.** CPT Code 38222 is a new code, approved at the February 2016 CPT Editorial Panel meeting. The reference code for 38222 is G0364 (Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service).
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**Complete pre-service diagnostic & referral forms:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 2 minutes should be added to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed.

**Follow-up phone calls and prescriptions:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 3 minutes should be added to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The **RN/LPN/MTA** completes the required referral forms and ensures the information is in place prior to the procedure. (2 minutes)

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 2 minutes should be added to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed.

The **RN/LPN/MTA** calls the patient to confirm the appointment and provides instructions for the day of the procedure (**3 minutes**)

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended **3 minutes** should be added to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

Intra-Service Clinical Labor Activities:

The **RN/LPN/MTA** greets the patient and escorts them to the room. The patient is provided the appropriate gowning. The nurse verifies the patient information and ensures appropriate medical records are available. (3 minutes)

The following vitals are then obtained by the **RN/LPN/MTA**: (5 minutes)

- 1) Blood Pressure
- 2) Temperature
- 3) Pulse
- 4) Respiration
- 5) Weight

The **RN/LPN/MTA** provides pre-service education and obtains signed consent from the patient. (12 minutes)

The **RN/LPN/MTA** prepares the room, equipment, and gathers the necessary supplies. (2 minutes)

The **RN/LPN/MTA** prepares and positions patient. (2 minutes)

The RN then assists the physician with performing the procedure. (30 minutes)

Monitor patient following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation) (**RN/LPN/MTA**). (7.5 minutes)

Clean room/equipment by physician staff (**RN/LPN/MTA**) (3 minutes)

**Complete diagnostic forms, lab & x-ray requisitions (RN/LPN/MTA) (3 minutes)**

**Check dressings & wound/ home care instructions/coordinate office visits/prescriptions (RN/LPN/MTA) (5 minutes)**

**Other Clinical Activity: Lab Tech Activities (12.5 minutes):**

- 1) Label slides, tubes, and specimen containers with 2 unique patient identifiers (5 minutes)
- 2) Receive biopsy and/or aspirate specimen from physician into Petri dish (0.5 minutes)
- 3) Examine for adequacy (trabecular bone of adequate length and or adequate spicules in clot/aspirate) (1.5 minutes)
- 4) Aspirate with or without biopsy: Carefully select and collect spicules using pipette, place on slide, make smear, air dry. Repeat for total 10 slides. Biopsy only: Carefully roll biopsy core on slide. Air dry, repeat for total 10 slides (4 minutes)
- 5) Using spatula aggregate clot and place in labeled specimen container (0.5 minutes)
- 6) Aspirate only: Assist physician placing separate aspirate material into tube(s) for flow cytometry genetic studies, other studies as applicable (1 minute)

Post-Service Clinical Labor Activities:

**The RN/LPN/MTA conducts phone calls and calls in the necessary prescriptions for the patient. (3 minutes)**



**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Diagnostic bone marrow aspiration(s)

Global Period: XXX

Meeting Date: April 2016

Revised 4/27/16

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from ASCO, ASH, ASBMT, and CAP held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
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 reference code for 38220 is a direct comparison, however, it should be noted the CPT description was updated at the February 2016 CPT Editorial Panel meeting.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**Complete pre-service diagnostic & referral forms:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 2 minutes should be added to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed.

**Follow-up phone calls and prescriptions:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 3 minutes should be added to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

**Obtain Vitals:** We are requesting 5 minutes for vitals, an increase from the current 3 minutes. The vitals for this procedure include 1) Blood Pressure, 2) Temperature, 3) Pulse, 4) Respiration, 5) Weight

**Complete diagnostic forms, lab & X-ray requisitions:** We are requesting 2 minutes for this task, an increase from the current 1 minute. This minute accounts for the additional completion of diagnostic

forms and lab requisitions. Due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics, requests for tests have increased along with the forms staff must complete. This is the new standard of care.

Manu Goyal and K. Gayathri (2012). Diagnostic Approach in Acute Myeloid Leukemias in Line with WHO 2008 Classification, Myeloid Leukemia - Clinical Diagnosis and Treatment, Dr Steffen Koschmieder (Ed.), ISBN: 978- 953-307-886-1, InTech, Available from: <http://www.intechopen.com/books/myeloid-leukemia-clinical-diagnosisand-treatment/diagnostic-approach-in-acute-myeloid-leukemias-in-line-with-who-2008-classification>

Hartmut Döhner, M.D., Daniel J. Weisdorf, M.D., and Clara D. Bloomfield, M.D.  
N Engl J Med 2015; 373:1136-1152 September 17, 2015 DOI: 10.1056/NEJMra1406184  
<http://www.nejm.org/doi/full/10.1056/NEJMra1406184?af=R&>

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

**The RN/LPN/MTA completes the required referral forms and ensures the information is in place prior to the procedure. (2 minutes)**

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies felt there should be 2 minutes to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed

**The RN/LPN/MTA calls the patient to confirm the appointment and provides instructions for the day of the procedure (3 minutes)**

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies felt there should be 3 minutes to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

Intra-Service Clinical Labor Activities:

**The RN/LPN/MTA greets the patient and escorts them to the room. The patient is provided the appropriate gowning. The nurse verifies the patient information and ensures appropriate medical records are available. (3 minutes)**

**The following vitals are then obtained by the RN/LPN/MTA: (5 minutes)**

- 1) Blood Pressure
- 2) Temperature
- 3) Pulse
- 4) Respiration
- 5) Weight

We are requesting an increase from 3 to 5 minutes, as there are 5 vitals that are typically obtained by the RN. The standard number of minutes for Level 2 (4-6 vitals) is 5 minutes.

The **RN/LPN/MTA** provides pre-service education and obtains signed consent from the patient. (12 minutes)

The **RN/LPN/MTA** prepares the room, equipment, and supplies. (2 minutes)

The **RN/LPN/MTA** prepares and positions patient. (2 minutes)

The RN assists the physician with performing the procedure. (20 minutes)

The **RN/LPN/MTA** monitors the patient following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation). (7.5 minutes)

Clean room/equipment by physician staff (**RN/LPN/MTA**) (3 minutes)

**Complete diagnostic forms, lab & x-ray requisitions (RN/LPN/MTA) (2 minutes)**

We are requesting 2 minutes for this task, an increase from the current 1 minute. This minute accounts for the additional completion of diagnostic forms and lab requisitions. Due to advances and greater access to immunophenotyping techniques and simultaneous refinements in cytogenetic methods and molecular diagnostics, requests for tests have increased along with the forms staff must complete. This is the new standard of care.

Manu Goyal and K. Gayathri (2012). Diagnostic Approach in Acute Myeloid Leukemias in Line with WHO 2008 Classification, Myeloid Leukemia - Clinical Diagnosis and Treatment, Dr Steffen Koschmieder (Ed.), ISBN: 978- 953-307-886-1, InTech, Available from: <http://www.intechopen.com/books/myeloid-leukemia-clinical-diagnosisand-treatment/diagnostic-approach-in-acute-myeloid-leukemias-in-line-with-who-2008-classification>

Hartmut Döhner, M.D., Daniel J. Weisdorf, M.D., and Clara D. Bloomfield, M.D.  
N Engl J Med 2015; 373:1136-1152 September 17, 2015 DOI: 10.1056/NEJMra1406184  
<http://www.nejm.org/doi/full/10.1056/NEJMra1406184?af=R&>

**Check dressings & wound/ home care instructions/coordinate office visits/prescriptions (RN/LPN/MTA) (5 minutes)**

**Other Clinical Activity: Lab Tech Activities (12 minutes):**

- 1) Label slides, tubes, and specimen containers with 2 unique patient identifiers (5 minutes)
- 2) Receive biopsy and/or aspirate specimen from physician into Petri dish (0.5 minutes)
- 3) Examine for adequacy (trabecular bone of adequate length and or adequate spicules in clot/aspirate) (1 minute)
- 4) Aspirate with or without biopsy: Carefully select and collect spicules using pipette, place on slide, make smear, air dry. Repeat for total 10 slides. Biopsy only: Carefully roll biopsy core on slide. Air dry, repeat for total 10 slides (4 minutes)
- 5) Using spatula aggregate clot and place in labeled specimen container (0.5 minutes)

**CPT Code: 38220**

**Specialty Society('s): ASCO, ASH, ASBMT, CAP**

- 6) Aspirate only: Assist physician placing separate aspirate material into tube(s) for flow cytometry genetic studies, other studies as applicable (1 minute)

Post-Service Clinical Labor Activities:

The **RN/LPN/MTA** conducts phone calls and calls in the necessary prescriptions for the patient. (3 minutes)

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Diagnostic bone marrow biopsy (ies)

Global Period: XXX

Meeting Date: April 2016

Revised 4/27/16

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Specialty Society Advisors and Staff from ASCO, ASH, ASBMT, and CAP held a meeting via conference call to discuss the Practice Expense. The inputs were developed with input from physicians, specialty society staff, and clinical staff from a variety of settings.
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 reference code for 38221 is a direct comparison, however, it should be noted the CPT description was updated at the February 2016 CPT Editorial Panel meeting.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

**Complete pre-service diagnostic & referral forms:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 2 minutes should be added to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed.

**Follow-up phone calls and prescriptions:** Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 3 minutes should be added to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

**Obtain Vitals:** We are requesting an increase from 3 to 5 minutes, as there are 5 vitals: (1) Blood Pressure 2) Temperature 3) Pulse 4) Respiration 5) Weight that are typically obtained by the RN. The standard number of minutes for Level 2 (4-6 vitals) is 5 minutes.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The **RN/LPN/MTA** completes the required referral forms and ensures the information is in place prior to the procedure. (2 minutes)

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended 2 minutes should be added to account for the clinical staff's completion of referral forms and ensuring those referrals are in place before the procedure is performed.

The **RN/LPN/MTA** calls the patient to confirm the appointment and provides instructions for the day of the procedure (**3 minutes**)

Though the standard for a XXX/0 Day Global Period is 0 minutes, our Societies recommended **3 minutes** should be added to account for calling the patient to confirm the appointment and providing them instructions for the day of the procedure.

Intra-Service Clinical Labor Activities:

The **RN/LPN/MTA** greets the patient and escorts them to the room. The patient is provided the appropriate gowning. The nurse verifies the patient information and ensures appropriate medical records are available. (3 minutes)

The following vitals are then obtained by the **RN/LPN/MTA**: (5 minutes)

- 1) Blood Pressure
- 2) Temperature
- 3) Pulse
- 4) Respiration
- 5) Weight

We are requesting an increase from 3 to 5 minutes, as there are 5 vitals that are typically obtained by the RN. The standard number of minutes for Level 2 (4-6 vitals) is 5 minutes.

The **RN/LPN/MTA** provides pre-service education and obtains signed consent from the patient. (12 minutes)

The **RN/LPN/MTA** prepares the room, equipment, and gathers the necessary supplies. (2 minutes)

The **RN/LPN/MTA** prepares and positions patient. (2 minutes)

The RN then assists the physician with performing the procedure. (20 minutes)

The **RN/LPN/MTA** monitors the patient following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation). (7.5 minutes)

Clean room/equipment by physician staff (**RN/LPN/MTA**) (3 minutes)

**Complete diagnostic forms, lab & x-ray requisitions (RN/LPN/MTA) (1 minute)**

**Check dressings & wound/ home care instructions/coordinate office visits/prescriptions (RN/LPN/MTA) (5 minutes)**

**Other Clinical Activity: Lab Tech Activities (7.5 minutes):**

- 1) Label slides, tubes, and specimen containers with 2 unique patient identifiers (3 minutes)
- 2) Receive biopsy and/or aspirate specimen from physician into Petri dish (0.5 minutes)
- 3) Examine for adequacy (trabecular bone of adequate length and or adequate spicules in clot/aspirate) (0.5 minutes)
- 4) Aspirate with or without biopsy: Carefully select and collect spicules using pipette, place on slide, make smear, air dry. Repeat for total 10 slides. Biopsy only: Carefully roll biopsy core on slide. Air dry, repeat for total 10 slides (3 minutes)
- 5) Using spatula aggregate clot and place in labeled specimen container (0.5 minutes)

Post-Service Clinical Labor Activities:

**The RN/LPN/MTA conducts phone calls and calls in the necessary prescriptions for the patient. (3 minutes)**

	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.			38220		38220		38221		38221		38222		G0364	
3	Meeting Date: April 2016 (Revised 4/27/16) Tab: 6- Diagnostic Bone Marrow Aspiration and Biopsy Specialty: ASCO, ASH, ASBMT, CAP	CMS Code	Staff Type	Bone marrow; aspiration only		Diagnostic bone marrow aspiration(s)		Bone marrow biopsy, needle or trocar		Diagnostic bone marrow biopsy (ies)		Diagnostic bone marrow biopsy(ies) and aspiration(s)		Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX	XXX	XXX		XXX		ZZZ	
6	TOTAL CLINICAL LABOR TIME			81.0	0.0	81.5	0.0	84.0	0.0	76.0	0.0	93.0	0.0	7.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L051A	RN	0.0	0.0	5.0	0.0	0.0	0.0	5.0	0.0	5.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	69.0	0.0	61.5	0.0	74.0	0.0	60.5	0.0	72.5	0.0	5.0	0.0
9	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L033A	Lab Tech	9.0	0.0	12.0	0.0	7.0	0.0	7.5	0.0	12.5	0.0	2.0	0.0
10	TOTAL POST-SERV CLINICAL LABOR TIME	L051A	RN	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	0.0	0.0
11	PRE-SERVICE														
12	Start: Following visit when decision for surgery or procedure made														
13	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA			2				2		2			
14	Coordinate pre-surgery services														
15	Schedule space and equipment in facility														
16	Provide pre-service education/obtain consent														
17	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA			3				3		3			
18	Other Clinical Activity - specify:														
19	End: When patient enters office/facility for surgery/procedure														
20	SERVICE PERIOD														
21	Start: When patient enters office/facility for surgery/procedure:														
22	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	6		3		6		3		3			
23	Obtain vital signs	L037D	RN/LPN/MTA	3		5		3		5		5			
24	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	12		12		12		12		12			
25	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	5		2		5		2		2			
26	Setup scope (non facility setting only)														
27	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	6		2		6		2		2			
28	Sedate/apply anesthesia														
29	Other Clinical Activity - specify:														
30	Intra-service														
31	Assist physician in performing procedure	L051A	RN	20		20		25		20		30		5	
32	Assist physician/moderate sedation (% of physician time)														



	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.			38220		38220		38221		38221		38222		G0364	
3	Meeting Date: April 2016 (Revised 4/27/16) Tab: 6- Diagnostic Bone Marrow Aspiration and Biopsy Specialty: ASCO, ASH, ASBMT, CAP	CMS Code	Staff Type	Bone marrow; aspiration only		Diagnostic bone marrow aspiration(s)		Bone marrow biopsy, needle or trocar		Diagnostic bone marrow biopsy (ies)		Diagnostic bone marrow biopsy(ies) and aspiration(s)		Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX	XXX	XXX		XXX		ZZZ	
33	Post-Service														
34	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	L037D	RN/LPN/MTA	8		7.5		8		7.5		7.5			
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)														
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		3		3		3			
37	Clean Scope														
38	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	1		2		1		1		3			
39	Review/read X-ray, lab, and pathology reports														
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	5		5		5		5		5			
41	Other Clinical Activity - <i>specify</i> : Lab Tech activities	L033A	Lab Tech	9		12		7		7.5		12.5		2	
42	Label slides, tubes, and specimen containers with 2 unique patient identifiers	L033A	Lab Tech			5				3		5			
43	Receive biopsy and/or aspirate specimen from physician into Petri dish	L033A	Lab Tech			0.5				0.5		0.5			
44	Examine for adequacy (trabecular bone of adequate length and or adequate spicules in clot/aspirate)	L033A	Lab Tech			1				0.5		1.5			
45	Aspirate with or without biopsy: Carefully select and collect spicules using pipette, place on slide, make smear, air dry. Repeat for total 10 slides. Biopsy only: Carefully roll biopsy core on slide. Air dry, repeat for total 10 slides	L033A	Lab Tech			4				3		4			
46	Using spatula aggregate clot and place in labeled specimen container	L033A	Lab Tech			0.5				0.5		0.5			
47	Aspirate only: Assist physician placing separate aspirate material into tube(s) for flow cytometry genetic studies, other studies as applicable	L033A	Lab Tech			1						1			
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
51	End: Patient leaves office														
52	POST-SERVICE Period														
53	Start: Patient leaves office/facility														
54	Conduct phone calls/call in prescriptions	L051A	RN	3		3		3		3		3			
55	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
56	99211 16 minutes		16												
57	99212 27 minutes		27												
58	99213 36 minutes		36												
59	99214 53 minutes		53												
60	99215 63 minutes		63												
61	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
62	Other Clinical Activity - <i>specify</i> :														
63	End: with last office visit before end of global period														

	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.			38220		38220		38221		38221		38222		G0364	
3	Meeting Date: April 2016 (Revised 4/27/16) Tab: 6- Diagnostic Bone Marrow Aspiration and Biopsy Specialty: ASCO, ASH, ASBMT, CAP	CMS Code	Staff Type	Bone marrow; aspiration only		Diagnostic bone marrow aspiration(s)		Bone marrow biopsy, needle or trocar		Diagnostic bone marrow biopsy (ies)		Diagnostic bone marrow biopsy(ies) and aspiration(s)		Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		XXX	XXX	XXX		XXX		ZZZ	
64	MEDICAL SUPPLIES*	CODE	UNIT												
65	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1			
66	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1		1			
67	syringe with needle, OSHA compliant (Safety Glide)	SC058	item	1		0		1		0					
68	underpad 2ft x 3ft (Chux)	SB044	item	1		1		1		1		1			
69	syringe 10-12 ml	SC051	item	1		0		1		0		0			
70	tray, bone marrow biopsy-aspiration	SA062	tray	1		1		1		1		1			
71	cover, thermometer probe	SB004	item	1		0		1		0		0			
72	swab pad, alcohol	SJ053	item	2		5		2		5		5			
73	eye shield, non-fog	SG049	item	2		0		2		0					
74	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1		0		1		0					
75	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	1		0		1		0					
76	gown, staff, impervious	SB027	item	2		3		2		3		3			
77	gloves, sterile	SB024	pair	1		1		1		1		1			
78	cup, biopsy-speciment non-sterile 4oz	SL035	item					2		1		1			
79	spatula, pathology	SL130	item			1				1		1			
80	fixative (for tissue specimen)	SL068	ml			50				50		100			
81	blood collection tube (Vacutainer)	SC006	item			1						1			
82	petri dish	SL103	item			1				1		1			
83	heparin 1,000 units-ml inj	SH039	ml			1				1		1			
84	EQUIPMENT	CODE													
85	table, exam	EF023	Lines 22-40	69		84.0		74		83.0		95.0		5	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures Screen\**

April 2016

**Chest X-ray**

In the Final Rule for 2016, CMS re-ran the screen for high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 71010 *Radiologic examination, chest; single view, frontal* and 71020 *Radiologic examination, chest, 2 views, frontal and lateral*; were identified via this screen. The specialty elected to send the entire family of chest X-ray codes to the CPT Editorial Panel to modernize the reporting of these services. The CPT Editorial panel deleted all 9 existing codes in the chest X-ray family and created 4 new codes for reporting chest X-ray.

**71045 *Radiologic examination, chest; single view***

The RUC reviewed the survey results from 86 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU and agreed that it would be appropriate to assign the new code the same work value (work RVU= 0.18) as the deleted code 71010 *Radiologic examination, chest; single view, frontal*. The RUC noted that this deleted code 71010 was the most commonly performed single view chest X-ray code according to 2015 Medicare claims data; 99 percent of the volume for 71045 would have previously been reported using 71010. To justify a work RVU of 0.18, the RUC compared the survey code to 2<sup>nd</sup> key reference and MPC code 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU= 0.22, intra-service time of 3 minutes, total time of 6 minutes) and noted that although both services have identical intra-service times and involve a similar intensity of work, the survey code has slightly less total time. The RUC also compared the survey code to CPT code 73501 *Radiologic examination, hip, unilateral, with pelvis when performed; 1 view* (work RVU= 0.18, intra-service time of 3 minutes and total time of 5 minutes) and noted that both services have identical physician times and involve a similar amount of physician work, further supporting a value of 0.18 for the survey code. **The RUC recommends a work RVU of 0.18 for CPT code 71045.**

**71046 Radiologic examination, chest; 2 views**

The RUC reviewed the survey results from 86 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.22 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.22, the RUC compared the survey code to CPT code 73502 *Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views* (work RVU= 0.22, intra-service time of 4 minutes, total time of 6 minutes) and 73521 *Radiologic examination, hips, bilateral, with pelvis when performed; 2 views* (work RVU= 0.22, intra-service time of 4 minutes, total time of 6 minutes). The RUC noted that all three services have identical intra-service and total times and involve similar amounts of physician work. **The RUC recommends a work RVU of 0.22 for CPT code 71046.**

**71047 Radiologic examination, chest; 3 views**

The RUC reviewed the survey results from 86 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute. The RUC noted that although 71047 has the same amount of survey time as 71046, the increased potential for disease and the increase in the complexity of the patient for the typical 3-view X-ray warranted a somewhat higher work RVU for 71047 relative to 71046. Also, the RUC noted that reviewing 3 views takes slightly more time than a 2 view X-ray, though the difference may only be in seconds which is a level of granularity not captured in the data.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.27 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.27, the RUC compared the survey code to top key reference code 73503 *Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views* (work RVU= 0.27, intra-service time of 5 minutes, total time of 7 minutes) and noted that both services involve a similar amount of physician work and similar physician times. The RUC also reviewed CPT code 73522 *Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views* (work RVU= 0.29, intra-service time of 5 minutes, total time of 7 minutes) and noted that both services involve a similar amount of physician work and similar physician times, confirming that a work RVU of 0.27 is appropriate for the survey code. **The RUC recommends a work RVU of 0.27 for CPT code 71047.**

**71048 Radiologic examination, chest; 4 or more views**

The RUC reviewed the survey results from 86 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU and agreed that it would be appropriate to assign the new code the same work RVU of deleted code 71030 *Radiologic examination, chest, complete, minimum of 4 views*, 0.31. The RUC noted that the majority of projected Medicare volume for 71048 is estimated to have previously been reported using 71030. To justify a work RVU of 0.31, the RUC compared the survey code to top key reference code 72114 *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (work

RVU= 0.32, intra-service time of 5 minutes, total time of 8 minutes) and noted that both services have identical intra-service times and involve a similar amount of physician work. The RUC also compared the survey code to CPT code 72052 *Radiologic examination, spine, cervical; 6 or more views* (work RVU= 0.36, intra-service time of 5 minutes, total time of 8 minutes) and noted that both services have identical intra-service times while the survey code involves somewhat less physician work in the post-service period, supporting a somewhat lower valuation. **The RUC recommends a work RVU of 0.31 for CPT code 71048.**

### Practice Expense

A detailed discussion was convened regarding the typical clinical labor, supplies and equipment and site of service when CPT code 71045 is performed in the non-facility setting. The vast majority of the volume for this new code would have previously been reported using deleted code 71010. For the 437,000 Medicare claims in 2014 that were reported globally, the largest provider of these claims are independent providers in nursing homes, where the largest plurality are unskilled nursing homes that are not subject to the consolidated billing rules for Medicare Part A and the X-ray provider would have to get a contract from the nursing home. The service was evaluated based on the most typical scenario which is an independent provider wheeling a portable X-ray machine into an unskilled nursing home. Due to this typical scenario, the clinical labor time for acquiring the images was reduced to 2 minutes, the clinical labor time for cleaning the room and the equipment was reduced to 1 minute, the clinical labor time for reviewing exam with the interpreting physician was deleted. Also, the X-ray equipment was changed to EF041 Portable X-ray Machine and the equipment input for the basic radiology room was eliminated.

For CPT code 71048, the clinical labor time for acquiring the images was changed to 10 minutes to make the time in line with the other services in the family based on the number of views. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

### Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management Services				
Critical Care Services				

*Critical care is the direct delivery by a physician(s) or . . .*

*Providing medical care to a critically ill . . .*

*Inpatient critical care services . . .*

*Services for a patient who is not . . .*

*Critical care and other E/M services . . .*

For reporting by professionals, the following services are included in critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93561, 93562), chest X-rays (~~71010, 71015, 71020~~71045, 71046), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (eg, ECGs, blood pressures, hematologic data [99090]); gastric intubation (43752, 43753); temporary transcutaneous pacing (92953); ventilatory management (94002-94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591, 36600). Any services performed that are not included in this listing should be reported separately. Facilities may report the above services separately.

99291                    *Critical care, evaluation and management . . .*

99292                    *each additional 30 minutes . . .*

*(Use 99292 in conjunction with 99291)*

-----***Coding Tip***-----

### **Services Included in Critical Care Services**

For reporting by professionals, the following services are included in critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93561, 93562), chest X-rays (~~71010, 71015, 71020~~71045, 71046), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (eg, ECGs, blood pressures, hematologic data [99090]); gastric intubation (43752, 43753); temporary transcutaneous pacing (92953); ventilatory management (94002-94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591, 36600). Any services performed that are not listed above should be reported separately. Facilities may report the above services separately.

## **Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services**

### **Pediatric Critical Care Patient Transport**

*Codes 99466, 99467 are used to report the . . .*

*Codes 99485, 99486 are used . . .*

*For the definition of the critically . . .*

*The non-face-to-face direction of emergency . . .*

*Emergency department services (99281-99285), initial . . .*

The following services are included when performed during the pediatric patient transport by the physician providing critical care and may not be reported separately: routine monitoring evaluations (eg, heart rate, respiratory rate, blood pressure, and pulse oximetry), the interpretation of cardiac output measurements (93562), chest X-rays (~~71010, 71015, 71020~~71045, 71046), pulse oximetry (94760, 94761, 94762), blood gases and information data stored in computers (eg, ECGs, blood pressures, hematologic data) (99090), gastric intubation (43752, 43753), temporary transcutaneous pacing (92953), ventilatory management (94002, 94003, 94660, 94662), and vascular access procedures (36000, 36400, 36405, 36406, 36415, 36591, 36600). Any services performed which are not listed above should be reported separately.

### **Radiology**

#### **Diagnostic Radiology (Diagnostic Imaging)**

##### **Chest**

<b>D 71010</b>	-	<del>Radiologic examination, chest; single view, frontal</del>  (71010 has been deleted. To report, use 71045)	<del>XXX</del>	0.18
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<b>D 71015</b>	-	<del>stereo, frontal</del> <u>(71015 has been deleted. To report, use 71045)</u>	<del>XXX</del>	<del>0.21</del>
<b>D 71020</b>	-	<del>Radiologic examination, chest, 2 views, frontal and lateral;</del> <u>(71020 has been deleted. To report, use 71046)</u>	<del>XXX</del>	<del>0.22</del>
<b>D 71021</b>	-	<del>with apical lordotic procedure</del> <u>(71021 has been deleted. To report, use 71047)</u>	<del>XXX</del>	<del>0.27</del>
<b>D 71022</b>	-	<del>with oblique projections</del> <u>(71022 has been deleted. To report, see 71047, 71048)</u>	<del>XXX</del>	<del>0.31</del>
<b>D 71023</b>	-	<del>with fluoroscopy</del> <u>(71023 has been deleted. To report, see 71046, 76000, 76001)</u>	<del>XXX</del>	<del>0.38</del>
<b>D 71030</b>	-	<del>Radiologic examination, chest, complete, minimum of 4 views;</del> <u>(71030 has been deleted. To report, use 71048)</u>  (For concurrent computer-aided detection [CAD] performed in	<del>XXX</del>	<del>0.31</del>



		addition to codes <del>71010, 71020, 71021, 71022, and 71030, 71045, 71046, 71047, 71048</del> , use 0174T. Do not report <del>71010, 71020, 71021, 71022 and 71030-71045, 71046, 71047, 71048</del> in conjunction with 0175T for CAD performed remotely from the primary interpretation)		
<b>D 71034</b>	-	<del>with fluoroscopy</del>  (71034 has been deleted. To report, see 71048, 76000, 76001)  (For separate chest fluoroscopy, use 76000)	<del>XXX</del>	<del>0.46</del>
<b>D 71035</b>	-	<del>Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)</del>  (71035 has been deleted. To report, see 71046, 71047, 71048)	<del>XXX</del>	<del>0.18</del>
<b>▲ 76000 (e)</b>	-	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than <del>71023-71046, 71047</del> or <del>71034-71048</del> (eg, cardiac fluoroscopy)	XXX	0.17 (No Change)
<b>● 71045</b>	D1	Radiologic examination, chest; single view	XXX	0.18
<b>● 71046</b>	D2	2 views	XXX	0.22

●71047	D3	3 views	XXX	0.27
●71048	D4	4 or more views  <u>(For acute abdomen series that includes a single view of the chest and one or more views of the abdomen, see 74022)</u>	XXX	0.31
<b>Category III</b>  <b>✚0174T</b> <i>Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)</i>  (Use 0174T in conjunction with <del>71010, 71020, 71021, 71022, 71030</del> <u>71045, 71046, 71047, 71048</u> )  0175T <i>Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation</i>  <u>(Do not report 0175T in conjunction with 71010, 71020, 71021, 71022, 71030</u> <u>71045, 71046, 71047, 71048)</u>				

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 71045      Tracking Number   D1

Original Specialty Recommended RVU: **0.18**Presented Recommended RVU: **0.18**

Global Period: XXX

RUC Recommended RVU: **0.18**

CPT Descriptor: Radiologic examination, chest; single view

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65-year-old male with unstable angina underwent coronary artery bypass grafting. Immediately postoperatively the patient is hypoxemic with decreased breath sounds on the left. A portable anteroposterior (AP) chest radiograph is ordered.

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? 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? 1%

**Description of Pre-Service Work:**

Review the reason for the examination and any pertinent clinical history.

Review any prior applicable imaging studies.

**Description of Intra-Service Work:**

Supervise technologist performing the examination.

Interpret the radiograph of the chest. Specifically, evaluate the lung fields, heart, mediastinum, and pleural spaces. Assess the ribs and other osseous structures, including the spine and shoulders. Review visualized soft tissues and portions of the upper abdomen.

Compare findings to previous studies, if applicable.

Dictate report for medical record.

**Description of Post-Service Work:**

Review and sign final report. Communicate findings to referring physician, when needed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71045				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	86	<b>Response:</b>	8.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	250.00	<b>1000.00</b>	3000.00	30000.00
<b>Survey RVW:</b>	0.16	0.20	<b>0.22</b>	0.29	0.56
<b>Pre-Service Evaluation Time:</b>			<b>1.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	2.00	<b>3.00</b>	4.00	15.00
<b>Immediate Post Service-Time:</b>	<b>1.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	71045	<b>Recommended Physician Work RVU: 0.18</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	3.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73030	XXX	0.18	RUC Time

CPT Descriptor Radiologic examination, shoulder; complete, minimum of 2 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72100	XXX	0.22	RUC Time

CPT Descriptor Radiologic examination, spine, lumbosacral; 2 or 3 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 25.5 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 17      % of respondents: 19.7 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>71045</u>	Top Key Reference CPT Code: <u>73030</u>	2nd Key Reference CPT Code: <u>72100</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	3.00
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
<b>Median Total Time</b>	<b>5.00</b>	<b>7.00</b>	<b>6.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.91	1.18
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	0.59	1.29

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.05	0.35
Physical effort required	0.50	0.12

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.55	1.53
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Outcome depends on the skill and judgment of physician	0.45	1.00
--	------	------

Estimated risk of malpractice suit with poor outcome	0.68	1.06
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.45	1.06
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

Two chest x-ray (CXR) CPT codes, 71010 (*Radiologic examination, chest; single view, frontal*) and 71020 (*Radiologic examination, chest, 2 views, frontal and lateral;*) were identified as potentially misvalued by CMS through its 2016 NPRM High Expenditure by Specialty screen. The specialty referred the entire family of CXR codes to the CPT Editorial Panel to modernize the reporting of these services. The CPT Editorial Panel created four new CXR codes and deleted nine existing CXR codes.

The CXR codes are as follows:

CPT Code	Descriptor
71045	Radiologic examination, chest; single view
71046	Radiologic examination, chest; 2 views
71047	Radiologic examination, chest; 3 views
71048	Radiologic examination, chest; 4 or more views

**Survey Process:**

The American College of Radiology (ACR) performed a random survey of our members. The ACR 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 wRVU which corresponds to the most commonly reported existing code across the family based on number of views. These recommendations are less than or equal to the 25<sup>th</sup> percentile survey value across the family.

We recommend the median service period times across the family.

### 71045 (Chest X-ray; 1 view)

#### Work RVU Recommendation:

We recommend a work RVU of 0.18 RVUs, which is below the 25<sup>th</sup> percentile and equivalent to the most commonly reported existing one view CXR code, 71010 (*Radiologic examination, chest; single view, frontal*).

#### Time Recommendation:

We recommend the median survey times: 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service.

#### Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 73030 (*Radiologic examination, shoulder; complete, minimum of 2 views*), chosen by 26% of respondents, and 72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*), chosen by 20% of respondents. These KRS codes have comparable RVUs and intra-service times as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73030	X-ray, shoulder; min of 2 views	0.18	7	1	4	2	0.028
<b>71045</b>	<b>X-ray, chest; single view</b>	<b>0.18</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0.045</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051

#### MPC Codes:

Our recommendation compares favorably to MPC code 72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*), which is also the second KRS. 71045 and 72100 have identical intra times, similar total times, and comparable RVUs.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71045</b>	<b>X-ray, chest; single view</b>	<b>0.18</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0.045</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051



## Summary and Comparison to Other codes in the Chest X-Ray Family

Our recommendations are supported by our survey and the KRS and MPC codes provided. The intra times for 71046 and 71047 are the same but the RVU recommendation for 71047 is higher since a 3 view CXR is of greater intensity than a 2 view CXR. Our recommendations maintain appropriate relativity across the CXR family and also across the abdomen X-ray family, which was surveyed at this same meeting as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
71045	X-ray, chest; single view	0.18	5	1	3	1	0.045
74045	X-ray, abdomen; 1 view	0.18	5	1	3	1	0.045
71046	X-ray, chest; 2 views	0.22	6	1	4	1	0.044
74046	X-ray, abdomen, abdomen; 2 views	0.23	6	1	4	1	0.046
71047	X-ray, chest; 3 views	0.27	6	1	4	1	0.056
74047	X-ray, abdomen, abdomen; 3 or more views	0.27	6	1	4	1	0.056
71048	X-ray, chest; 4 or more views	0.31	7	1	5	1	0.053
74022	X-ray, abdomen, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	0.32	7	1	5	1	0.055

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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.

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## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 71010, 71015, 71035

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 53400000

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 71045 provided nationally in a one-year period is estimated to be 53,400,000.

Specialty Diagnostic Radiology                      Frequency 48600000                      Percentage 91.01 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

17,800,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71045 will be billed approximately 17,800,000 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 16200000                      Percentage 91.01 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Chest

### **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. 74022

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 71046      Tracking Number   D2

Original Specialty Recommended RVU: **0.22**Presented Recommended RVU: **0.22**

Global Period: XXX

RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, chest; 2 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 70-year-old female with cough and fever. Two views (Posteroanterior (PA) and Lateral) of the chest are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 1%

**Description of Pre-Service Work:**

Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies

**Description of Intra-Service Work:**

Supervise technologist performing the examination.

Interpret the radiographs of the chest. Evaluate the lung fields, heart, mediastinum, and pleural spaces. Specifically assess the mediastinal structures and costophrenic sulci on the second view. Assess the ribs and other osseous structures, including the spine and shoulders. Review visualized soft tissues and portions of the upper abdomen.

Compare findings to previous studies, if applicable.

Dictate report for medical record.

**Description of Post-Service Work:**

Review and sign final report. Communicate findings to referring physician, when needed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71046				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	86	<b>Response:</b>	8.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	300.00	<b>1000.00</b>	2000.00	25000.00
<b>Survey RVW:</b>	0.18	0.22	<b>0.26</b>	0.30	0.60
<b>Pre-Service Evaluation Time:</b>			<b>1.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	2.00	<b>4.00</b>	5.00	15.00
<b>Immediate Post Service-Time:</b>	<b>1.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*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

<b>CPT Code:</b>	71046	<b>Recommended Physician Work RVU: 0.22</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>1.00</b>	<b>0.00</b>	<b>1.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>4.00</b>			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>1.00</b>	<b>0.00</b>	<b>1.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72100	XXX	0.22	RUC Time

CPT Descriptor Radiologic examination, spine, lumbosacral; 2 or 3 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73030	XXX	0.18	RUC Time

CPT Descriptor Radiologic examination, shoulder; complete, minimum of 2 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 37      % of respondents: 43.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 11.6 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>71046</u>	Top Key Reference CPT Code: <u>72100</u>	2nd Key Reference CPT Code: <u>73030</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	3.00	4.00
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
<b>Median Total Time</b>	<b>6.00</b>	<b>6.00</b>	<b>7.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.78	0.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.30	0.40
Urgency of medical decision making	0.51	0.50

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.24	0.30
Physical effort required	0.41	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.68	0.60
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Outcome depends on the skill and judgment of physician	0.54	0.40
--	------	------

Estimated risk of malpractice suit with poor outcome	0.76	0.60
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.70	0.20
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

Two chest x-ray (CXR) CPT codes, 71010 (*Radiologic examination, chest; single view, frontal*) and 71020 (*Radiologic examination, chest, 2 views, frontal and lateral;*) were identified as potentially misvalued by CMS through its 2016 NPRM High Expenditure by Specialty screen. The specialty referred the entire family of CXR codes to the CPT Editorial Panel to modernize the reporting of these services. The CPT Editorial Panel created four new CXR codes and deleted nine existing CXR codes.

The CXR codes are as follows:

CPT Code	Descriptor
71045	Radiologic examination, chest; single view
71046	Radiologic examination, chest; 2 views
71047	Radiologic examination, chest; 3 views
71048	Radiologic examination, chest; 4 or more views

**Survey Process:**

The American College of Radiology (ACR) performed a random survey of our members. The ACR 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 wRVU which corresponds to the most commonly reported existing code across the family based on number of views. These recommendations are less than or equal to the 25<sup>th</sup> percentile survey value across the family.

We recommend the median service period times across the family.

### 71046 (Chest X-ray; 2 views)

#### Work RVU Recommendation:

We recommend a work RVU of 0.22 RVUs, equal to the 25<sup>th</sup> percentile and equivalent to the most commonly reported existing two view CXR code, 71020 (*Radiologic examination, chest, 2 views, frontal and lateral;*).

#### Time Recommendation:

We recommend the median survey times: 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service.

#### Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*), chosen by 43% of respondents, and 73030 (*Radiologic examination, shoulder; complete, minimum of 2 views*), chosen by 12% of respondents. These KRS codes have comparable RVUs and intra-service times as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73030	X-ray, shoulder; min of 2 views	0.18	7	1	4	2	0.028
<b>71046</b>	<b>X-ray, chest; 2 views</b>	<b>0.22</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.044</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051

#### MPC Codes:

Our recommendation compares favorably to MPC code 72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*), which is also the KRS. 71046 and 72100 have similar intra times, and identical total times and RVUs.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71046</b>	<b>X-ray, chest; 2 views</b>	<b>0.22</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.044</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051



## Summary and Comparison to Other codes in the Chest X-Ray Family

Our recommendations are supported by our survey and the KRS and MPC codes provided. The intra times for 71046 and 71047 are the same but the RVU recommendation for 71047 is higher since a 3 view CXR is of greater intensity than a 2 view CXR. Our recommendations maintain appropriate relativity across the CXR family and also across the abdomen X-ray family, which was surveyed at this same meeting as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
71045	X-ray, chest; single view	0.18	5	1	3	1	0.045
74045	X-ray, abdomen; 1 view	0.18	5	1	3	1	0.045
71046	X-ray, chest; 2 views	0.22	6	1	4	1	0.044
74046	X-ray, abdomen, abdomen; 2 views	0.23	6	1	4	1	0.046
71047	X-ray, chest; 3 views	0.27	6	1	4	1	0.056
74047	X-ray, abdomen, abdomen; 3 or more views	0.27	6	1	4	1	0.056
71048	X-ray, chest; 4 or more views	0.31	7	1	5	1	0.053
74022	X-ray, abdomen, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	0.32	7	1	5	1	0.055

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 71020, 71023, 71035

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 35601000

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 71046 provided nationally in a one-year period is estimated to be 35,601,000.

Specialty Diagnostic Radiology                      Frequency 29700000                      Percentage 83.42 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

11,900,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71046 will be billed approximately 11,900,000 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 10000000                      Percentage 84.03 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Chest

### **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. 74022



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 71047      Tracking Number   D3

Original Specialty Recommended RVU: **0.27**Presented Recommended RVU: **0.27**

Global Period: XXX

RUC Recommended RVU: **0.27**

CPT Descriptor: Radiologic examination, chest; 3 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45-year-old male with a history of a possible right apical lung nodule. Three views of the chest (Posteroanterior (PA), Lateral, and apical lordotic) are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 1%

**Description of Pre-Service Work:**

Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

**Description of Intra-Service Work:**

Supervise technologist performing the examination.

Interpret the radiographs of the chest. Evaluate the lung fields, heart, mediastinum, and pleural spaces. Specifically assess the mediastinal structures and costophrenic sulci, as well as any previously identified abnormality that necessitated additional views. Assess the ribs and other osseous structures, including the spine and shoulders. Review visualized soft tissues and portions of the upper abdomen.

Compare findings to previous studies, if applicable.

Dictate report for medical record.

**Description of Post-Service Work:**

Review and sign final report. Communicate findings to referring physician, when needed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71047				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	86	<b>Response:</b>	8.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	20.00	50.00	100.00	2500.00
<b>Survey RVW:</b>	0.19	0.27	0.30	0.35	0.65
<b>Pre-Service Evaluation Time:</b>			2.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	3.00	4.00	5.00	15.00
<b>Immediate Post Service-Time:</b>	<u>1.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	71047	<b>Recommended Physician Work RVU: 0.27</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	4.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73503	XXX	0.27	RUC Time

CPT Descriptor Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29      % of respondents: 33.7 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 15      % of respondents: 17.4 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>71047</u>	Top Key Reference CPT Code: <u>73503</u>	2nd Key Reference CPT Code: <u>72110</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	5.00	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
<b>Median Total Time</b>	<b>6.00</b>	<b>7.00</b>	<b>8.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.66	0.53
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.21	0.53
Urgency of medical decision making	0.34	0.47

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.24	0.87
Physical effort required	0.17	0.53

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.34	0.87
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Outcome depends on the skill and judgment of physician	0.14	0.93
--	------	------

Estimated risk of malpractice suit with poor outcome	0.72	1.00
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.55	0.93
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

Two chest x-ray (CXR) CPT codes, 71010 (*Radiologic examination, chest; single view, frontal*) and 71020 (*Radiologic examination, chest, 2 views, frontal and lateral;*) were identified as potentially misvalued by CMS through its 2016 NPRM High Expenditure by Specialty screen. The specialty referred the entire family of CXR codes to the CPT Editorial Panel to modernize the reporting of these services. The CPT Editorial Panel created four new CXR codes and deleted nine existing CXR codes.

The CXR codes are as follows:

CPT Code	Descriptor
71045	Radiologic examination, chest; single view
71046	Radiologic examination, chest; 2 views
71047	Radiologic examination, chest; 3 views
71048	Radiologic examination, chest; 4 or more views

**Survey Process:**

The American College of Radiology (ACR) performed a random survey of our members. The ACR 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 wRVU which corresponds to the most commonly reported existing code across the family based on number of views. These recommendations are less than or equal to the 25<sup>th</sup> percentile survey value across the family.

We recommend the median service period times across the family.

### 71047 (Chest X-ray; 3 views)

#### Work RVU Recommendation:

We recommend a work RVU of 0.27 RVUs, equal to the 25<sup>th</sup> percentile and equivalent to the most commonly reported existing CXR code, 71021 (*Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure*).

#### Time Recommendation:

We recommend the median survey times: 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service.

#### Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 73503 (*Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views*), chosen by 34% of respondents, and 72110 (*Radiologic examination, spine, lumbosacral; minimum of 4 views*), chosen by 17% of respondents. These KRS codes have comparable RVUs and intra-service times as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73503	X-ray, hip/pelvis; min 4 views	0.27	7	1	5	1	0.045
<b>71047</b>	<b>X-ray, chest; 3 views</b>	<b>0.27</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.056</b>
72110	X-ray, spine, lumbosacral; min 4 views	0.31	8	1	5	2	0.049

#### MPC Codes:

Our recommendation compares favorably to MPC code 72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*), which is also the KRS. 71047 and 72100 have similar intra times, and identical total times and RVUs.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051
<b>71047</b>	<b>X-ray, chest; 3 views</b>	<b>0.27</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.056</b>

### Summary and Comparison to Other codes in the Chest X-Ray Family

Our recommendations are supported by our survey and the KRS and MPC codes provided. The intra times for 71046 and 71047 are the same but the RVU recommendation for 71047 is higher since a 3 view CXR is of greater intensity than a 2 view CXR. Our recommendations maintain appropriate relativity across the CXR family and also across the abdomen X-ray family, which was surveyed at this same meeting as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
71045	X-ray, chest; single view	0.18	5	1	3	1	0.045
74045	X-ray, abdomen; 1 view	0.18	5	1	3	1	0.045
71046	X-ray, chest; 2 views	0.22	6	1	4	1	0.044
74046	X-ray, abdomen, abdomen; 2 views	0.23	6	1	4	1	0.046
71047	X-ray, chest; 3 views	0.27	6	1	4	1	0.056
74047	X-ray, abdomen, abdomen; 3 or more views	0.27	6	1	4	1	0.056
71048	X-ray, chest; 4 or more views	0.31	7	1	5	1	0.053
74022	X-ray, abdomen, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	0.32	7	1	5	1	0.055

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 71021, 71022, 71035

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 37800

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 71047 provided nationally in a one-year period is estimated to be 37,800.

Specialty Diagnostic Radiology                      Frequency 28100                      Percentage 74.33 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

12,600 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71047 will be billed approximately 12,600 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 9400                      Percentage 74.60 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Chest

### **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. 74022

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 71048      Tracking Number   D4

Original Specialty Recommended RVU: **0.31**Presented Recommended RVU: **0.31**

Global Period: XXX

RUC Recommended RVU: **0.31**

CPT Descriptor: Radiologic examination, chest; 4 or more views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 70-year-old female with a history of malignancy and a persistent left pleural effusion. Four views of the chest (Posteroanterior (PA), lateral, and bilateral decubitus) are ordered.

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? 2%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 1%

**Description of Pre-Service Work:**

Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

**Description of Intra-Service Work:**

Supervise technologist performing the examination.

Interpret the radiographs of the chest. Evaluate the lung fields, heart, mediastinum, and pleural spaces. Specifically assess the mediastinal structures and costophrenic sulci, as well as any previously identified abnormality that necessitated additional views. Assess the ribs and other osseous structures, including the spine and shoulders. Review visualized soft tissues and portions of the upper abdomen.

Compare findings to previous studies, if applicable.

Dictate report for medical record.

**Description of Post-Service Work:**

Review and sign final report. Communicate findings to referring physician, when needed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71048				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	86	<b>Response:</b>	8.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	25.00	50.00	2500.00
<b>Survey RVW:</b>	0.22	0.32	0.35	0.37	0.75
<b>Pre-Service Evaluation Time:</b>			2.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	3.00	5.00	6.00	20.00
<b>Immediate Post Service-Time:</b>	<u>1.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	71048	<b>Recommended Physician Work RVU: 0.31</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	5.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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
72114	XXX	0.32	RUC Time

CPT Descriptor Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**SECOND HIGHEST 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**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	91,035

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: 32      % of respondents: 37.2 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 22      % of respondents: 25.5 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>71048</u>	Top Key Reference CPT Code: <u>72114</u>	2nd Key Reference CPT Code: <u>72052</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	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
<b>Median Total Time</b>	<b>7.00</b>	<b>8.00</b>	<b>8.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.66	0.77
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.77
Urgency of medical decision making	0.53	0.95

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.59	0.68
Physical effort required	0.34	0.32

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.72	0.73
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Outcome depends on the skill and judgment of physician	0.31	0.64
--	------	------

Estimated risk of malpractice suit with poor outcome	0.81	0.77
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.72	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

Two chest x-ray (CXR) CPT codes, 71010 (*Radiologic examination, chest; single view, frontal*) and 71020 (*Radiologic examination, chest, 2 views, frontal and lateral;*) were identified as potentially misvalued by CMS through its 2016 NPRM High Expenditure by Specialty screen. The specialty referred the entire family of CXR codes to the CPT Editorial Panel to modernize the reporting of these services. The CPT Editorial Panel created four new CXR codes and deleted nine existing CXR codes.

The CXR codes are as follows:

CPT Code	Descriptor
71045	Radiologic examination, chest; single view
71046	Radiologic examination, chest; 2 views
71047	Radiologic examination, chest; 3 views
71048	Radiologic examination, chest; 4 or more views

**Survey Process:**

The American College of Radiology (ACR) performed a random survey of our members. The ACR 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 wRVU which corresponds to the most commonly reported existing code across the family based on number of views. These recommendations are less than or equal to the 25<sup>th</sup> percentile survey value across the family.

We recommend the median service period times across the family.

### 71048 (Chest X-ray; 4 or more views)

#### Work RVU Recommendation:

We recommend a work RVU of 0.31 RVUs, which is below the 25<sup>th</sup> percentile and equivalent to the most commonly reported existing four or more view CXR code, 71030 *Radiologic examination, chest, complete, minimum of 4 views;*).

#### Time Recommendation:

We recommend the median survey times: 1 minute pre-service, 5 minutes intra-service, and 1 minute post-service.

#### Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 72114 (*Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views*), chosen by 37% of respondents, and 72052 (*Radiologic examination, spine, cervical; 6 or more views*), chosen by 26% of respondents. These KRS codes have identical intra times and similar RVUs as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71048</b>	<b>X-ray, chest; 4 or more views</b>	<b>0.31</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0.053</b>
72114	X-ray, spine, lumbosacral; min 6 views	0.32	8	1	5	2	0.051
72052	X-ray, spine, cervical; 6 or more views	0.36	8	1	5	2	0.059

#### MPC Codes:

Our recommendation compares favorably to MPC code 72114 (*Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views*), which has identical intra time and similar total times and RVUs. 72114 is also the KRS.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71048</b>	<b>X-ray, chest; 4 or more views</b>	<b>0.31</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0.053</b>
72114	X-ray, spine, lumbosacral; min 6 views	0.32	8	1	5	2	0.051

## Summary and Comparison to Other codes in the Chest X-Ray Family

Our recommendations are supported by our survey and the KRS and MPC codes provided. The intra times for 71046 and 71047 are the same but the RVU recommendation for 71047 is higher since a 3 view CXR is of greater intensity than a 2 view CXR. Our recommendations maintain appropriate relativity across the CXR family and also across the abdomen X-ray family, which was surveyed at this same meeting as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
71045	X-ray, chest; single view	0.18	5	1	3	1	0.045
74045	X-ray, abdomen; 1 view	0.18	5	1	3	1	0.045
71046	X-ray, chest; 2 views	0.22	6	1	4	1	0.044
74046	X-ray, abdomen, abdomen; 2 views	0.23	6	1	4	1	0.046
71047	X-ray, chest; 3 views	0.27	6	1	4	1	0.056
74047	X-ray, abdomen, abdomen; 3 or more views	0.27	6	1	4	1	0.056
71048	X-ray, chest; 4 or more views	0.31	7	1	5	1	0.053
74022	X-ray, abdomen, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	0.32	7	1	5	1	0.055

## 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) 71022, 71030, 71034, 71035

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 62500

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 71048 provided nationally in a one-year period is estimated to be 62,500.

Specialty Diagnostic Radiology                      Frequency 43200                      Percentage 69.12 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20,800 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71048 will be billed approximately 20,800 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 14400                      Percentage 69.23 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Chest

### **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. 74022

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
13	<b>ISSUE: Chest X-Ray</b>																			
14	<b>TAB: 7</b>																			
15																				
16	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
17	1st REF	73030	Radiologic examination, shoulder; complete, minimum of 2 views	22	0.028	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
18	2nd REF	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	17	0.051			0.18			7	1					4			2
19	Aug-05	71010	Radiologic examination, chest; single view, frontal		0.045			0.18			5	1					3			1
20	CMS/Other	71015	Radiologic examination, chest; stereo, frontal		#DIV/0!			0.21			6									
21	CMS/Other	71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)		#DIV/0!			0.18			5									
22	SVY	71045	Radiologic examination, chest; single view	86	0.058	0.16	0.20	0.22	0.29	0.56	5	1			1	2	3	4	15	1
23	REC		Radiologic examination, chest; single view		0.045			0.18			5	1					3			1
24																				
25																				
26	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
27	1st REF	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	37	0.051	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
28	2nd REF	73030	Radiologic examination, shoulder; complete, minimum of 2 views	10	0.028			0.18			7	1					4			2
29	Aug-05	71020	Radiologic examination, chest, 2 views, frontal and lateral;		0.058			0.22			5	1					3			1
30	CMS/Other	71023	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy		#DIV/0!			0.38			9									
31	CMS/Other	71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)		#DIV/0!			0.18			5									
32	SVY	71046	Radiologic examination, chest; 2 views	86	0.054	0.18	0.22	0.26	0.30	0.60	6	1			1	2	4	5	15	1
33	REC		Radiologic examination, chest; 2 views		0.044			0.22			6	1					4			1
34																				
35																				
36	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
37	1st REF	73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	29	0.045	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
38	2nd REF	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	15	0.049			0.31			8	1					5			2
39	CMS/Other	71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure		#DIV/0!			0.27			7									
40	CMS/Other	71022	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections		#DIV/0!			0.31			8									
41	CMS/Other	71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)		#DIV/0!			0.18			5									
42	SVY	71047	Radiologic examination, chest; 3 views	86	0.058	0.19	0.27	0.30	0.35	0.65	7	2			1	3	4	5	15	1
43	REC		Radiologic examination, chest; 3 views		0.056			0.27			6	1					4			1
44																				
45																				
46	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
47	1st REF	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	32	0.051	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
48	2nd REF	72052	Radiologic examination, spine, cervical; 6 or more views	22	0.059			0.36			8	1					5			2
49	CMS/Other	71022	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections		#DIV/0!			0.31			8									
50	CMS/Other	71030	Radiologic examination, chest, complete, minimum of 4 views;		#DIV/0!			0.31			8									
51	CMS/Other	71034	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy		#DIV/0!			0.46			10									
52	CMS/Other	71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)		#DIV/0!			0.18			5									
53	SVY	71048	Radiologic examination, chest; 4 or more views	86	0.057	0.22	0.32	0.35	0.37	0.75	8	2			1	3	5	6	20	1
54	REC		Radiologic examination, chest; 4 or more views		0.053			0.31			7	1					5			1

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs, 31/CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Ezequiel Silva III, MD, FACR  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs,  
CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
CT Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
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

April 5, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

<b>71045</b>	Radiologic examination, chest; single view
<b>71046</b>	Radiologic examination, chest; 2 views
<b>71047</b>	Radiologic examination, chest; 3 views
<b>71048</b>	Radiologic examination, chest; 4 or more views

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

*The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for chest x-ray codes 71045-71048.*

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:

*For the four new chest x-ray codes, the ACR referenced the component codes as the basis for our PE recommendations. The component codes will be deleted and replaced by the new codes.*

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Availability of prior images confirmed** - These images, if available, would be prepared and loaded for comparison to the current study; this is the standard of care.
- **Prepare room, equipment, supplies** - 2 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Prepare and position patient/ monitor patient/ set up IV** - 2 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Clean room/equipment by physician staff** – 3 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family. Only 1 minute recommended for 71045, since it is typically performed in a nursing facility.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.

- **Review examination with interpreting MD** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue** - CMS proposed a standard of 1 minute as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **PACS Workstation Proxy** – This is equal to the service period clinical labor time.
- **Professional PACS Workstation** - This is equal to the sum of the physician work pre and intra time.
- **Portable X-Ray Machine** – 71045 is typically performed in a nursing facility and requires a portable x-ray machine. This is being substituted for the radiology room.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist

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
- Assist physician in performing procedure/ 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	F	H	J	L	N	P	R
1	<b>REVISED AT RUC 4/27/16</b>			<b>REFERENCE CODE</b>	<b>REFERENCE CODE</b>	<b>REFERENCE CODE</b>	<b>REFERENCE CODE</b>	<b>REFERENCE CODE</b>	<b>REFERENCE CODE</b>	<b>REFERENCE CODE</b>	
2	*Please note: If a supply has a purchase price of \$100 or more, please bold the item name and CMS code.			<b>71010</b>	<b>71015</b>	<b>71035</b>	<b>71045</b>	<b>71020</b>	<b>71023</b>	<b>71035</b>	<b>71046</b>
3	Meeting Date: April, 2016 Tab: 7 - X-Ray Chest Specialty: ACR	CMS Code	Staff Type	Radiologic examination, chest; single view, frontal (Aug. 2003)	Radiologic examination, chest; stereo, frontal (Aug. 2003)	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies) (Aug. 2003)	Radiologic examination, chest; single view (April 2016)	Radiologic examination, chest, 2 views, frontal and lateral; (Aug. 2003)	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy (Jan. 2004)	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies) (Aug. 2003)	Radiologic examination, chest; 2 views (April 2016)
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L041B	Rad Tech	11.0	14.0	20.0	15.0	14.0	21.0	20.0	19.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L041B	Rad Tech	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L041B	Rad Tech	11.0	14.0	20.0	13.0	14.0	21.0	20.0	19.0
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	<b>PRE-SERVICE</b>										
11	<b>Start: Following visit when decision for surgery or procedure made</b>										
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						2				
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist										
19	Other Clinical Activity - specify:										
20	<b>End: When patient enters office/facility for surgery/procedure</b>										
21	<b>SERVICE PERIOD</b>										
22	<b>Start: When patient enters office/facility for surgery/procedure:</b>										
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	1	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	1	1	2	1	1	1	2
29	Sedate/apply anesthesia										
30	Other Clinical Activity - specify:										
31	<b>Intra-service</b>										
32	Acquire Images	L041B	Rad Tech	2	4	9	2	4	4	9	4
33	Assist MD with fluoroscopy and spot films	L041B	Rad Tech						5		
34	<b>Post-Service</b>										
35	Monitor pt. following moderate sedation										
36	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)										
37	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)										
38	Clean room/equipment by physician staff	L041B	Rad Tech	2	2	2	1	2	2	2	3
39	Clean Scope										
40	Clean Surgical Instrument Package										
41	Complete diagnostic forms, lab & X-ray requisitions										
42	Review/read X-ray, lab, and pathology reports										
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
44	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech				2				2
45	Review examination with interpreting MD	L041B	Rad Tech				0				2
46	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
47	Other Clinical Activity: follow up phone call										
48	- Process films, hang films and review study with interpreting MD prior to patient discharge	L041B	Rad Tech	2	3	4		3	5	4	
49	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
50	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
51	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
52	<b>End: Patient leaves office</b>										
53	<b>POST-SERVICE Period</b>										
54	<b>MEDICAL SUPPLIES*</b>										
55		CODE	UNIT								
56	gown, patient	SB026	item	1	1	1	1	1	1	1	1
57	<b>EQUIPMENT</b>										
58		CODE									
59	room, basic radiology	EL012		11	14	20	0	14		20	13
60	PACS Workstation Proxy	ED050		11	14	20	13	14	21	20	19
61	room, radiographic-fluoroscopic	EL014							21		
62	Professional PACS Workstation	NEW					4				5

	A	B	C	T	V	X	Z	AB	AD	AF	AH	AJ
1	REVISED AT RUC 4/27/16			REFERENCE CODE	REFERENCE CODE	REFERENCE CODE		REFERENCE CODE	REFERENCE CODE	REFERENCE CODE	REFERENCE CODE	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			71021	71022	71035	71047	71022	71030	71034	71035	71048
	Meeting Date: April, 2016 Tab: 7 - X-Ray Chest Specialty: ACR	CMS Code	Staff Type	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure (Aug. 2003)	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections (Aug. 2003)	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies) (Aug. 2003)	Radiologic examination, chest; 3 views (April 2016)	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections (Aug. 2003)	Radiologic examination, chest, complete, minimum of 4 views; (Aug.2003)	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy (Jan. 2004)	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies) (Aug. 2003)	Radiologic examination, chest; 4 or more views (April 2016)
3												
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L041B	Rad Tech	17.0	22.0	20.0	24.0	22.0	22.0	27.0	20.0	25.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L041B	Rad Tech	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L041B	Rad Tech	17.0	22.0	20.0	24.0	22.0	22.0	27.0	20.0	25.0
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	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 protocolled 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	L041B	Rad Tech	3	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	1	1	2	1	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	1	1	1	1	2
29	Sedate/apply anesthesia											
30	Other Clinical Activity - specify:											
31	Intra-service											
32	Acquire Images	L041B	Rad Tech	6	10	9	9	10	10	8	9	10
33	Assist MD with fluoroscopy and spot films	L041B	Rad Tech							5		
34	Post-Service											
35	Monitor pt. following moderate sedation											
36	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)											
37	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)											
38	Clean room/equipment by physician staff	L041B	Rad Tech	2	2	2	3	2	2	2	2	3
39	Clean Scope											
40	Clean Surgical Instrument Package											
41	Complete diagnostic forms, lab & X-ray requisitions											
42	Review/read X-ray, lab, and pathology reports											
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions											
44	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech				2					2
45	Review examination with interpreting MD	L041B	Rad Tech				2					2
46	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
47	Other Clinical Activity: follow up phone call											
48	- Process films, hang films and review study with interpreting MD prior to patient discharge	L041B	Rad Tech	4	5	4		5	5	7	4	
49	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
50	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
51	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
52	End: Patient leaves office											
53	POST-SERVICE Period											
54												
55	MEDICAL SUPPLIES*	CODE	UNIT									
56	gown, patient	SB026	item	1	1	1	1	1	1	1	1	1
57	EQUIPMENT	CODE										
58	room, basic radiology	EL012		17	22	20	18	22	22		20	19
59	PACS Workstation Proxy	ED050		17	22	20	24	22	22	27	20	25
60	room, radiographic-fluoroscopic	EL014								27		
61	Professional PACS Workstation	NEW					5					6

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures Screen\**

April 2016

**Abdominal X-ray**

In the Final Rule for 2016, CMS re-ran the screen for high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 74000 *Radiologic examination, abdomen; single anteroposterior view* and 74022 *Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest* were identified via this screen. The specialty elected to submit the entire family of abdominal X-ray codes to the CPT Editorial Panel to modernize the reporting of these services. The CPT Editorial panel deleted 3 of the 4 existing codes in the abdominal X-ray family and created 3 new codes for reporting abdominal X-ray.

**74018 *Radiologic examination, abdomen; 1 view***

The RUC reviewed the survey results from 76 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU, 0.19, and agreed that the physician work required to perform this new code is the same work as deleted code 74000 *Radiologic examination, abdomen; single anteroposterior view* (work RVU=0.18). The RUC noted that the vast majority of projected Medicare volume for 74018 is estimated to have previously been reported using 74000. To justify a work RVU of 0.18, the RUC compared the survey code to MPC code 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU= 0.22, intra-service time of 3 minutes, total time of 6 minutes) and noted that although both services have identical intra-service times and involve a similar intensity of work, the survey code has slightly less total time. The RUC also compared the survey code to 2<sup>nd</sup> key reference code 73501 *Radiologic examination, hip, unilateral, with pelvis when performed; 1 view* (work RVU= 0.18, intra-service time of 3 minutes and total time of 5 minutes) and noted that both services have identical physician times and involve a similar amount of physician work, further supporting a value of 0.18 for the survey code. **The RUC recommends a work RVU of 0.18 for CPT code 74018.**

**74019 Radiologic examination, abdomen; 2 views**

The RUC reviewed the survey results from 76 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.23 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.23, the RUC compared the survey code to top key reference and MPC code 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU= 0.22, intra-service time of 3 minutes, total time of 6 minutes) and noted that they survey code has more intra-service times and involves a similar intensity of physician work. The RUC also compared the survey code to 2<sup>nd</sup> key reference code 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU= 0.26, intra-service time of 5 minutes, total time of 7 minutes) and noted that with less intra-service and total time, a somewhat lower work value of 0.23 is justified for the survey code. **The RUC recommends a work RVU of 0.23 for CPT code 74019.**

**74021 Radiologic examination, abdomen; 3 or more views**

The RUC reviewed the survey results from 76 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute. The RUC noted that although 74021 has the same amount of survey time as 74019, the increased potential for disease and the increase in the complexity of the patient for the typical 3-view X-ray warranted a somewhat higher work RVU for 74021 relative to 74019. Also, the RUC noted that reviewing 3 views takes slightly more time than a 2 view X-ray, though the difference may only be in seconds which is a level of granularity not captured in the data.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.27 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.27, the RUC compared the survey code to top key reference code 73503 *Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views* (work RVU= 0.27, intra-service time of 5 minutes, total time of 7 minutes) and noted that both services involve a similar amount of physician work and similar physician times. The RUC also reviewed 2<sup>nd</sup> key reference code 73522 *Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views* (work RVU= 0.29, intra-service time of 5 minutes, total time of 7 minutes) and noted that both services involve a similar amount of physician work and similar physician times, confirming that a work RVU of 0.27 is appropriate for the survey code. **The RUC recommends a work RVU of 0.27 for CPT code 74021.**

**74022 Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest**

The RUC reviewed the survey results from 76 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.32 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.32, the RUC compared the survey code to top key reference code 72114 *Radiologic examination, spine,*

*lumbosacral; complete, including bending views, minimum of 6 views* (work RVU= 0.32, intra-service time of 5 minutes, total time of 8 minutes) and noted that both services have identical intra-service times and involve a similar amount of physician work. The RUC also compared the survey code to 2<sup>nd</sup> key reference code 72052 *Radiologic examination, spine, cervical; 6 or more views* (work RVU= 0.36, intra-service time of 5 minutes, total time of 8 minutes) and noted that both services have identical intra-service times while the survey code involves somewhat less physician work in the post-service period, supporting a somewhat lower valuation. **The RUC recommends a work RVU of 0.32 for CPT code 74022.**

### Practice Expense

A discussion was convened, noting that although deleted code 74000 was identified as typically an emergent service, the corresponding new code, 74018 does not typically require any pre-service clinical labor time. It was confirmed that the inclusion of SB026 gown is warranted. The amount of time for acquiring images was decreased to 6 minutes for 74019 to ensure that there is a logical progression of 3 minutes per view. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

### Work Neutrality

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Radiology</b> <b>Diagnostic Radiology (Diagnostic Imaging)</b> <b>Abdomen</b>				
<b>D 74000</b>	-	<i><del>Radiologic examination, abdomen; single anteroposterior views</del></i>  <u>(74000 has been deleted. To report, use 74018)</u>	<del>XXX</del>	0.18

<b>D 74010</b>	-	<del>anteroposterior and additional oblique and cone views</del>  (74010 has been deleted. To report, see 74019, 74021)	<del>XXX</del>	<del>0.23</del>
<b>D 74020</b>	-	<del>complete, including decubitus and/or erect views</del>  (74020 has been deleted. To report, see 74019, 74021)	<del>XXX</del>	<del>0.27</del>
74022 (f)	E4	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	XXX	0.32 (No Change)
●74018	E1	1 view	XXX	0.18
●74019	E2	2 views	XXX	0.23
●74021	E3	3 or more views	XXX	0.27
<b>Gynecological and Obstetrical</b>  (For abdomen and pelvis, see 72170-72190, <del>74000-74018</del> , 74019, 74021, 74022, 74150, 74160, 74170)  74710 <i>Pelvimetry, with or without placental localization</i>				

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 74018      Tracking Number E1      Original Specialty Recommended RVU: **0.18**  
 Global Period: XXX      Presented Recommended RVU: **0.18**  
    RUC Recommended RVU: **0.18**  
 CPT Descriptor: Radiologic examination, abdomen; 1 view

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: An 86-year-old male presents with constipation. A single view of the abdomen is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
 Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

**Description of Pre-Service Work:**

Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

**Description of Intra-Service Work:**

Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable.

Assess the bowel gas pattern, bowel wall, and enteric contents. Evaluate visualized portions of the lower chest, solid organs, and osseous structures, including the ribs, spine, and pelvis. Determine location of any internal tubes or catheters, if present, and assess for lithiasis.

Dictate report for medical record.

**Description of Post-Service Work:**

Review and sign final report. Communicate findings to referring physician, when nee

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	74018				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	76	<b>Response:</b>	7.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	96.00	200.00	500.00	2000.00
<b>Survey RVW:</b>	0.15	0.19	0.21	0.22	0.35
<b>Pre-Service Evaluation Time:</b>			1.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	2.00	3.00	3.00	10.00
<b>Immediate Post Service-Time:</b>	<b>1.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	74018	<b>Recommended Physician Work RVU: 0.18</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	3.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72170	XXX	0.17	RUC Time

CPT Descriptor Radiologic examination, pelvis; 1 or 2 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73501	XXX	0.18	RUC Time

CPT Descriptor Radiologic examination, hip, unilateral, with pelvis when performed; 1 view**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 28      % of respondents: 36.8 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 15      % of respondents: 19.7 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>74018</u>	Top Key Reference CPT Code: <u>72170</u>	2nd Key Reference CPT Code: <u>73501</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	3.00
Median Immediate Post-service Time	1.00	2.00	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
<b>Median Total Time</b>	<b>5.00</b>	<b>7.00</b>	<b>5.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.71	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.04	0.40
Urgency of medical decision making	0.46	0.53

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.04	0.47
Physical effort required	0.07	0.20

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.61	0.60
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Outcome depends on the skill and judgment of physician	0.04	0.33
--	------	------

Estimated risk of malpractice suit with poor outcome	0.39	0.60
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.36	0.53
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

Two abdomen X-ray CPT codes, 74000 (*Radiologic examination, abdomen; single anteroposterior view*) and 74022 (*Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest*), were identified as potentially misvalued by CMS through its 2016 NPRM High Expenditure by Specialty screen. The specialty referred the entire family of abdomen X-ray codes to the CPT Editorial Panel to modernize reporting of these services. The CPT Editorial Panel created three new abdomen X-ray codes, retained 74022 and deleted three existing abdomen X-ray codes.

The abdomen X-ray codes are as follows:

<b>CPT Code</b>	<b>Descriptor</b>
74018	Radiologic examination, abdomen; 1 view
74019	Radiologic examination, abdomen; 2 views
74021	Radiologic examination, abdomen; 3 or more views
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest

**Survey Process:**

The American College of Radiology (ACR) performed a random survey of our members. The ACR 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 wRVU which corresponds to the most commonly reported existing code across the family based on number of views. These recommendations are less than or equal to the 25<sup>th</sup> percentile survey value across the family.

We recommend the median service period times across the family.

### **74018 (Radiologic examination, abdomen; 1 view)**

#### **Work RVU Recommendation:**

We recommend a work RVU of 0.18 RVUs, which is below the 25<sup>th</sup> percentile and equivalent to the most commonly reported existing one view abdomen X-ray code, 74000 (*Radiologic examination, abdomen; single anteroposterior view*).

#### **Time Recommendation:**

We recommend the median survey times: 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service.

#### **Key Reference Services:**

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 72170 (*Radiologic examination, pelvis; 1 or 2 views*), chosen by 37% of respondents and 73501 (*Radiologic examination, hip, unilateral, with pelvis when performed; 1 view*), chosen by 20% of respondents. These KRS codes have comparable RVUs and intra-service times as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72170	X-ray, pelvis; 1 or 2 views	0.17	7	1	4	2	0.026
<b>74018</b>	<b>X-ray, abdomen; 1 view</b>	<b>0.18</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0.045</b>
73501	X-ray, hip/pelvis, unilateral; 1 view	0.18	5	1	3	1	0.045

#### **MPC Codes:**

Our recommendation compares favorably to MPC code 72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*). 74018 and 72100 have identical intra times, similar total times, and comparable RVUs.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>74018</b>	<b>X-ray, abdomen; 1 view</b>	<b>0.18</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0.045</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051

## Summary and Comparison to Other codes in the Abdomen X-ray Family:

Our recommendations are supported by our survey and the KRS and MPC codes provided. Our recommendations maintain appropriate relativity across the abdomen X-ray family and also across the chest X-ray family, which was surveyed at this same meeting as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
71045	X-ray, chest; single view	0.18	5	1	3	1	0.045
74018	X-ray, abdomen; 1 view	0.18	5	1	3	1	0.045
71046	X-ray, chest; 2 views	0.22	6	1	4	1	0.044
74019	X-ray, abdomen, abdomen; 2 views	0.23	6	1	4	1	0.046
71047	X-ray, chest; 3 views	0.27	6	1	4	1	0.056
74021	X-ray, abdomen, abdomen; 3 or more views	0.27	6	1	4	1	0.056
71048	X-ray, chest; 4 or more views	0.31	7	1	5	1	0.053
74022	X-ray, abdomen, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	0.32	7	1	5	1	0.055

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 74000

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6168000

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 74018 provided nationally in a one-year period is estimated to be 6,168,000.

Specialty Diagnostic Radiology                      Frequency 5216800                      Percentage 84.57 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

2,056,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 74018 will be billed approximately 2,056,000 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 1739000                      Percentage 84.58 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 74022

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 71046      Tracking Number E2      Original Specialty Recommended RVU: **0.23**  
 Global Period: XXX      Presented Recommended RVU: **0.23**  
    RUC Recommended RVU: **0.23**

CPT Descriptor: Radiologic examination, abdomen; 2 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 50-year-old woman presents with acute onset abdominal pain, nausea, and vomiting. Two views of the abdomen (frontal supine and upright [Erect]) are ordered.

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:**

Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

**Description of Intra-Service Work:**

Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable.

Assess the bowel gas pattern, bowel wall, and enteric contents. Evaluate for presence of lithiasis, pneumoperitoneum or ascites. Evaluate visualized portions of the lower chest, solid organs, and osseous structures, including the ribs, spine, and pelvis.

Dictate report for medical record.

**Description of Post-Service Work:**

Review and sign final report. Communicate findings to referring physician, when needed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71046				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	76	<b>Response:</b>	7.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	54.00	150.00	400.00	2000.00
<b>Survey RVW:</b>	0.17	0.23	0.25	0.27	0.50
<b>Pre-Service Evaluation Time:</b>			1.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	3.00	4.00	4.00	10.00
<b>Immediate Post Service-Time:</b>	<b>1.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	71046	<b>Recommended Physician Work RVU: 0.23</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	4.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72100	XXX	0.22	RUC Time

CPT Descriptor Radiologic examination, spine, lumbosacral; 2 or 3 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72081	XXX	0.26	RUC Time

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33      % of respondents: 43.4 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 11.8 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>71046</u>	Top Key Reference CPT Code: <u>72100</u>	2nd Key Reference CPT Code: <u>72081</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	3.00	5.00
Median Immediate Post-service Time	1.00	2.00	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
<b>Median Total Time</b>	<b>6.00</b>	<b>6.00</b>	<b>7.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.76	0.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.03	0.11
Urgency of medical decision making	0.36	0.56

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.21	0.33
Physical effort required	0.30	0.22

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.33	0.78
Outcome depends on the skill and judgment of physician	0.33	0.33
Estimated risk of malpractice suit with poor outcome	0.61	0.67

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.58	0.22
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

Two abdomen X-ray CPT codes, 74000 (*Radiologic examination, abdomen; single anteroposterior view*) and 74022 (*Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest*), were identified as potentially misvalued by CMS through its 2016 NPRM High Expenditure by Specialty screen. The specialty referred the entire family of abdomen X-ray codes to the CPT Editorial Panel to modernize reporting of these services. The CPT Editorial Panel created three new abdomen X-ray codes, retained 74022 and deleted three existing abdomen X-ray codes.

The abdomen X-ray codes are as follows:

<b>CPT Code</b>	<b>Descriptor</b>
74018	Radiologic examination, abdomen; 1 view
74019	Radiologic examination, abdomen; 2 views
74021	Radiologic examination, abdomen; 3 or more views
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest

**Survey Process:**

The American College of Radiology (ACR) performed a random survey of our members. The ACR 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 wRVU which corresponds to the most commonly reported existing code across the family based on number of views. These recommendations are less than or equal to the 25<sup>th</sup> percentile survey value across the family.

We recommend the median service period times across the family.

### 74019 (Radiologic examination, abdomen; 2 views)

#### Work RVU Recommendation:

We recommend a work RVU of 0.23 RVUs, which equal to the 25<sup>th</sup> percentile and equivalent to the most commonly reported existing abdomen X-ray code, 74010 (*Radiologic examination, abdomen; anteroposterior and additional oblique and cone views*).

#### Time Recommendation:

We recommend the median survey times: 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service.

#### Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*), chosen by 43% of respondents and 72081 (*Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view*), chosen by 12% of respondents. These KRS codes have comparable RVUs and intra-service times as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051
<b>74019</b>	<b>X-ray, abdomen, abdomen; 2 views</b>	<b>0.23</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.046</b>
72081	X-ray, spine, entire spine; one view	0.26	7	1	5	1	0.043

#### MPC Codes:

Our recommendation compares favorably to MPC code 72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*), which is also the KRS. 74019 and 72100 have identical total times, and similar intra times and RVUs.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051
<b>74019</b>	<b>X-ray, abdomen, abdomen; 2 views</b>	<b>0.23</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.046</b>

## Summary and Comparison to Other codes in the Abdomen X-ray Family:

Our recommendations are supported by our survey and the KRS and MPC codes provided. Our recommendations maintain appropriate relativity across the abdomen X-ray family and also across the chest X-ray family, which was surveyed at this same meeting as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
71045	X-ray, chest; single view	0.18	5	1	3	1	0.045
74018	X-ray, abdomen; 1 view	0.18	5	1	3	1	0.045
71046	X-ray, chest; 2 views	0.22	6	1	4	1	0.044
74019	X-ray, abdomen, abdomen; 2 views	0.23	6	1	4	1	0.046
71047	X-ray, chest; 3 views	0.27	6	1	4	1	0.056
74021	X-ray, abdomen, abdomen; 3 or more views	0.27	6	1	4	1	0.056
71048	X-ray, chest; 4 or more views	0.31	7	1	5	1	0.053
74022	X-ray, abdomen, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	0.32	7	1	5	1	0.055

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 74010, 74020

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology

How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1506000

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 74019 provided nationally in a one-year period is estimated to be 1,506,000.

Specialty Diagnostic Radiology	Frequency 1381500	Percentage 91.73 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

502,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 74019 will be billed approximately 502,000 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology	Frequency 460500	Percentage 91.73 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Other

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 74022

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 74021      Tracking Number E3      Original Specialty Recommended RVU: **0.27**  
 Global Period: XXX      Presented Recommended RVU: **0.27**  
    RUC Recommended RVU: **0.27**

CPT Descriptor: Radiologic examination, abdomen; 3 or more views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65-year-old man with a history of renal calculi presents with flank pain. Three views of the abdomen (frontal (AP) and bilateral oblique) are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
 Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

**Description of Pre-Service Work:**

Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

**Description of Intra-Service Work:**

Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable.

Assess the bowel gas pattern, bowel wall, and enteric contents. Evaluate visualized portions of the lower chest, solid organs, and osseous structures, including the ribs, spine, and pelvis.

Determine presence or absence of lithiasis, pneumoperitoneum, or ascites.

Dictate report for medical record.

**Description of Post-Service Work:**

Review and sign final report. Communicate findings to referring physician, when needed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	74021				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	76	<b>Response:</b>	7.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	22.00	<b>50.00</b>	100.00	1200.00
<b>Survey RVW:</b>	0.17	0.27	<b>0.29</b>	0.32	0.75
<b>Pre-Service Evaluation Time:</b>			<b>1.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	3.00	<b>4.00</b>	5.00	10.00
<b>Immediate Post Service-Time:</b>	<b>1.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	74021	<b>Recommended Physician Work RVU: 0.27</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	4.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73503	XXX	0.27	RUC Time

CPT Descriptor Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73522	XXX	0.29	RUC Time

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22      % of respondents: 28.9 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 21      % of respondents: 27.6 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>74021</u>	Top Key Reference CPT Code: <u>73503</u>	2nd Key Reference CPT Code: <u>73522</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	5.00	5.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>6.00</b>	<b>7.00</b>	<b>7.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.77	0.62
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.23	0.43
Urgency of medical decision making	0.32	0.52

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.14	0.29
Physical effort required	0.55	0.05

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.18	0.52
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Outcome depends on the skill and judgment of physician	0.18	0.24
--	------	------

Estimated risk of malpractice suit with poor outcome	0.55	0.38
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.64	0.19
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

Two abdomen X-ray CPT codes, 74000 (*Radiologic examination, abdomen; single anteroposterior view*) and 74022 (*Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest*), were identified as potentially misvalued by CMS through its 2016 NPRM High Expenditure by Specialty screen. The specialty referred the entire family of abdomen X-ray codes to the CPT Editorial Panel to modernize reporting of these services. The CPT Editorial Panel created three new abdomen X-ray codes, retained 74022 and deleted three existing abdomen X-ray codes.

The abdomen X-ray codes are as follows:

<b>CPT Code</b>	<b>Descriptor</b>
74018	Radiologic examination, abdomen; 1 view
74019	Radiologic examination, abdomen; 2 views
74021	Radiologic examination, abdomen; 3 or more views
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest

**Survey Process:**

The American College of Radiology (ACR) performed a random survey of our members. The ACR 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 wRVU which corresponds to the most commonly reported existing code across the family based on number of views. These recommendations are less than or equal to the 25<sup>th</sup> percentile survey value across the family.

We recommend the median service period times across the family.

#### **74021 (X-ray, abdomen, abdomen; 3 or more views)**

##### **Work RVU Recommendation:**

We recommend a work RVU of 0.27 RVUs, which equal to the 25<sup>th</sup> percentile and equivalent to the most commonly reported existing abdomen X-ray code, 74020 (*Radiologic examination, abdomen; complete, including decubitus and/or erect views*).

##### **Time Recommendation:**

We recommend the median survey times: 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service.

##### **Key Reference Services:**

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 73503 (*Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views*), chosen by 29% of respondents and 73522 (*Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views*), chosen by 28% of respondents. These KRS codes have comparable RVUs and intra-service times as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>74021</b>	<b>X-ray, abdomen, abdomen; 3 or more views</b>	<b>0.27</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.056</b>
73503	X-ray, hip/pelvis, unilateral; min 4 views	0.27	7	1	5	1	0.045
73522	X-ray, hip/pelvis, bilateral; 3-4 views	0.29	7	1	5	1	0.049

##### **MPC Codes:**

Our recommendation compares favorably to MPC code 72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*), which is also the KRS. 74021 and 72100 have identical total times, and similar intra times and RVUs.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051
<b>74021</b>	<b>X-ray, abdomen, abdomen; 3 or more views</b>	<b>0.27</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.056</b>

### Summary and Comparison to Other codes in the Abdomen X-ray Family:

Our recommendations are supported by our survey and the KRS and MPC codes provided. Our recommendations maintain appropriate relativity across the abdomen X-ray family and also across the chest X-ray family, which was surveyed at this same meeting as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
71045	X-ray, chest; single view	0.18	5	1	3	1	0.045
74018	X-ray, abdomen; 1 view	0.18	5	1	3	1	0.045
71046	X-ray, chest; 2 views	0.22	6	1	4	1	0.044
74019	X-ray, abdomen, abdomen; 2 views	0.23	6	1	4	1	0.046
71047	X-ray, chest; 3 views	0.27	6	1	4	1	0.056
74021	X-ray, abdomen, abdomen; 3 or more views	0.27	6	1	4	1	0.056
71048	X-ray, chest; 4 or more views	0.31	7	1	5	1	0.053
74022	X-ray, abdomen, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	0.32	7	1	5	1	0.055

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### 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.

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### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74010, 74020

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 578000

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 74021 provided nationally in a one-year period is estimated to be 578,000.

Specialty Diagnostic Radiology                      Frequency 514400                      Percentage 88.99 %

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?

192,700 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 74021 will be billed approximately 192,700 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 171500                      Percentage 88.99 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 74022

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 74022	Tracking Number	Original Specialty Recommended RVU: <b>0.32</b>
		Presented Recommended RVU: <b>0.32</b>
Global Period: XXX		RUC Recommended RVU: <b>0.32</b>

CPT Descriptor: Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 40-year-old female with a history of Crohn disease and previous abdominal surgery presents with vomiting, abdominal distention, and pain. A similar episode six months ago resolved without surgery. An acute abdomen series is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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 the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

**Description of Intra-Service Work:**

Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable.

Assess the bowel gas pattern, bowel wall, and enteric contents. Evaluate visualized portions of the lower chest, solid organs, and osseous structures, including the ribs, spine, and pelvis.

Determine presence or absence of lithiasis, pneumoperitoneum, or ascites.

Dictate report for the medical record.

**Description of Post-Service Work:**

Review and sign final report. Communicate findings to referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	74022				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	76	<b>Response:</b>	7.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	32.00	100.00	300.00	2000.00
<b>Survey RVW:</b>	0.22	0.32	0.35	0.37	0.75
<b>Pre-Service Evaluation Time:</b>			1.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	3.00	5.00	6.00	12.00
<b>Immediate Post Service-Time:</b>	<b>1.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	74022	<b>Recommended Physician Work RVU: 0.32</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	5.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72114	XXX	0.32	RUC Time

CPT Descriptor Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72052	XXX	0.36	RUC Time

CPT Descriptor Radiologic examination, spine, cervical; 6 or more 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72114	XXX	0.32	RUC Time	91,035

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26      % of respondents: 34.2 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 16      % of respondents: 21.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>74022</u>	Top Key Reference CPT Code: <u>72114</u>	2nd Key Reference CPT Code: <u>72052</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	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
<b>Median Total Time</b>	<b>7.00</b>	<b>8.00</b>	<b>8.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.85	1.06
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.46	0.81
Urgency of medical decision making	0.69	0.94

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.27	0.38
Physical effort required	0.81	0.38

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.77	0.56
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Outcome depends on the skill and judgment of physician	0.38	0.63
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Estimated risk of malpractice suit with poor outcome	0.69	0.63
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**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.81	0.88
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

Two abdomen X-ray CPT codes, 74000 (*Radiologic examination, abdomen; single anteroposterior view*) and 74022 (*Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest*), were identified as potentially misvalued by CMS through its 2016 NPRM High Expenditure by Specialty screen. The specialty referred the entire family of abdomen X-ray codes to the CPT Editorial Panel to modernize reporting of these services. The CPT Editorial Panel created three new abdomen X-ray codes, retained 74022 and deleted three existing abdomen X-ray codes.

The abdomen X-ray codes are as follows:

<b>CPT Code</b>	<b>Descriptor</b>
74018	Radiologic examination, abdomen; 1 view
74019	Radiologic examination, abdomen; 2 views
74021	Radiologic examination, abdomen; 3 or more views
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest

**Survey Process:**

The American College of Radiology (ACR) performed a random survey of our members. The ACR 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 wRVU which corresponds to the most commonly reported existing code across the family based on number of views. These recommendations are less than or equal to the 25<sup>th</sup> percentile survey value across the family.

We recommend the median service period times across the family.

**74022 (Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest)**

**Work RVU Recommendation:**

We recommend a work RVU of 0.32 RVUs, which equal to the survey 25<sup>th</sup> percentile and the current value.

**Time Recommendation:**

We recommend the median survey times: 1 minute pre-service, 5 minutes intra-service, and 1 minute post-service.

**Key Reference Services:**

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 72114 (*Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views*), chosen by 34% of respondents and 72052 (*Radiologic examination, spine, cervical; 6 or more views*), chosen by 21% of respondents. These KRS codes have comparable RVUs and intra-service times as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>74022</b>	<b>X-ray, abdomen; complete acute abdomen series</b>	<b>0.32</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0.055</b>
72114	X-ray, lumbosacral spine; min 6 views	0.32	8	1	5	2	0.051
72052	X-ray, cervical spine; 6 or more views	0.36	8	1	5	2	0.059

**MPC Codes:**

Our recommendation compares favorably to MPC code 72114 (*Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views*), which is also the KRS. 740X4 and 72114 have identical intra times and RVUs, and similar total times.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>74022</b>	<b>X-ray, abdomen; complete acute abdomen series</b>	<b>0.32</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0.055</b>
72114	X-ray, lumbosacral spine; min 6 views	0.32	8	1	5	2	0.051

**Summary and Comparison to Other codes in the Abdomen X-ray Family:**

Our recommendations are supported by our survey and the KRS and MPC codes provided. Our recommendations maintain appropriate relativity across the abdomen X-ray family and also across the chest X-ray family, which was surveyed at this same meeting as summarized in this table:

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
71045	X-ray, chest; single view	0.18	5	1	3	1	0.045
74018	X-ray, abdomen; 1 view	0.18	5	1	3	1	0.045
71046	X-ray, chest; 2 views	0.22	6	1	4	1	0.044
74019	X-ray, abdomen, abdomen; 2 views	0.23	6	1	4	1	0.046
71047	X-ray, chest; 3 views	0.27	6	1	4	1	0.056
74021	X-ray, abdomen, abdomen; 3 or more views	0.27	6	1	4	1	0.056
71047	X-ray, chest; 4 or more views	0.31	7	1	5	1	0.053
74022	X-ray, abdomen, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	0.32	7	1	5	1	0.055

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 74022

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology

How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1841000

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 74022 provided nationally in a one-year period is estimated to be 1,841,000.

Specialty Diagnostic Radiology	Frequency 1733800	Percentage 94.17 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

613,700 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 74022 will be billed approximately 613,700 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology	Frequency 578000	Percentage 94.18 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74022

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
13	<b>ISSUE:</b> Abdominal X-Ray																			
14	<b>TAB:</b> 8																			
15	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16						MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF	72170	Radiologic examination, pelvis; 1 or 2 views	28	0.026			0.17			7	1				4				2
18	2nd REF	73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	15	0.045			0.18			5	1				3				1
19	Aug-05	74000	Radiologic examination, abdomen; single anteroposterior view		0.045			0.18			5	1				3				1
20	SVY	74018	Radiologic examination, abdomen; 1 view	76	0.055	0.15	0.19	0.21	0.22	0.35	5	1			1	2	3	3	10	1
21	REC				0.045			0.18			5	1				3				1
22																				
23	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
24						MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
25	1st REF	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	33	0.051			0.22			6	1				3				2
26	2nd REF	72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	9	0.043			0.26			7	1				5				1
27	CMS/OTHER	74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views		#DIV/0!			0.23			6									
28	Aug-05	74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views		0.075			0.27			5	1				3				1
29	SVY	74019	Radiologic examination, abdomen; 2 views	76	0.051	0.17	0.23	0.25	0.27	0.50	6	1			1	3	4	4	10	1
30	REC				0.046			0.23			6	1				4				1
31																				
32	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
33						MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
34	1st REF	73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	22	0.045			0.27			7	1				5				1
35	2nd REF	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	21	0.049			0.29			7	1				5				1
36	CMS/OTHER	74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views		#DIV/0!			0.23			6									
37	Aug-05	74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views		0.075			0.27			5	1				3				1
38	SVY	74021	Radiologic examination, abdomen; 3 or more views	76	0.061	0.17	0.27	0.29	0.32	0.75	6	1			1	3	4	5	10	1
39	REC				0.056			0.27			6	1				4				1
40																				
41	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
42						MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
43	1st REF	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	26	0.051			0.32			8	1				5				2
44	2nd REF	72052	Radiologic examination, spine, cervical; 6 or more views	16	0.059			0.36			8	1				5				2
45	Aug-05	74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest		0.092			0.32			5	1				3				1
46	SVY	74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	76	0.061	0.22	0.32	0.35	0.37	0.75	7	1			1	3	5	6	12	1
47	REC				0.055			0.32			7	1				5				1

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs, 31/CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Ezequiel Silva III, MD, FACR  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date



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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs,  
CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
CT Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
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71100, 71101, 71110-71111  
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Signature

Kurt A. Schoppe, MD  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
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Selective Catheter Placement  
X-Ray of Ribs, 31/CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
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71100, 71101, 71110-71111  
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78300, 78305, 78306  
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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Ezequiel Silva III, MD, FACR  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor:

<b>74018</b>	Radiologic examination, abdomen; 1 view
<b>74019</b>	Radiologic examination, abdomen; 2 views
<b>74021</b>	Radiologic examination, abdomen; 3 or more views
<b>74022</b>	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

*The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for the X-ray abdomen code family 74018, 74019, 74021, and 74022.*

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:

*For the three new abdomen x-ray codes, the ACR referenced the component codes as the basis for our PE recommendations. The component codes will be deleted and replaced by the new codes. 74022 is an existing code, so its current inputs are used as the reference.*

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:

- **Prepare room, equipment, supplies** - 2 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Prepare and position patient/ monitor patient/ set up IV** - 2 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Clean room/equipment by physician staff** – 3 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Review examination with interpreting MD** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.

- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue** - CMS proposed a standard of 1 minute as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **PACS Workstation Proxy** – This is equal to the service period clinical labor time.
- **Professional PACS Workstation** - This is equal to the sum of the physician work pre and intra 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	F
1	<b>REVISTED AT RUC 4/27/16</b>			<b>REFERENCE CODE</b>	
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>74000</b>	<b>74018</b>
3	Meeting Date: April, 2016 Tab: 8 X-Ray Abdomen Specialty: ACR	CMS Code	Staff Type	Radiologic examination, abdomen; single anteroposterior view <b>(Aug. 2003)</b>	Radiologic examination, abdomen;1 view <b>(April 2016)</b>
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>12.0</b>	<b>18.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>0.0</b>	<b>0.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>12.0</b>	<b>18.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>0.0</b>	<b>0.0</b>
10	<b>PRE-SERVICE</b>				
21	<b>SERVICE PERIOD</b>				
22	<b>Start: When patient enters office/facility for surgery/procedure:</b>				
23	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Rad Tech	<b>3</b>	<b>3</b>
24	Obtain vital signs				
25	Provide pre-service education/obtain consent				
26	Prepare room, equipment, supplies	L041B	Rad Tech	<b>1</b>	<b>2</b>
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV	L041B	Rad Tech	<b>1</b>	<b>2</b>
29	Sedate/apply anesthesia				
30	Other Clinical Activity - specify:				
31	<b>Intra-service</b>				
32	Acquire images	L041B	Rad Tech	<b>3</b>	<b>3</b>
33	<b>Post-Service</b>				
34	Monitor pt. following moderate sedation				
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)				
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)				
37	Clean room/equipment by physician staff	L041B	Rad Tech	<b>2</b>	<b>3</b>
38	Clean Scope				
39	Clean Surgical Instrument Package				
40	Complete diagnostic forms, lab & X-ray requisitions				
41	Review/read X-ray, lab, and pathology reports				
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech		<b>2</b>
44	Review examination with interpreting MD	L041B	Rad Tech		<b>2</b>
45	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		<b>1</b>
46	Other Clinical Activity - <i>specify:</i>				
47	- <i>Process films, hang films and review study with interpreting MD prior to patient discharge</i>	L041B	Rad Tech	<b>2</b>	
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			<b>n/a</b>	<b>n/a</b>
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			<b>n/a</b>	<b>n/a</b>
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			<b>n/a</b>	<b>n/a</b>
51	<b>End: Patient leaves office</b>				
52	<b>POST-SERVICE Period</b>				
64	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>		
65	<b>gown, patient</b>	SB026	item	<b>1</b>	<b>1</b>
66	<b>EQUIPMENT</b>	<b>CODE</b>			
67	<b>room, basic radiology</b>	EL012		<b>12</b>	<b>12</b>
68	<b>PACS Workstation Proxy</b>	ED050		<b>12</b>	<b>18</b>
69	<b>Professional PACS Workstation</b>	NEW			<b>4</b>

	A	B	C	H	J	L
1	<b>REVISTED AT RUC 4/27/16</b>			<b>REFERENCE CODE</b>	<b>REFERENCE CODE</b>	
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>74010</b>	<b>74020</b>	<b>74019</b>
3	Meeting Date: April, 2016 Tab: 8 X-Ray Abdomen Specialty: ACR	CMS Code	Staff Type	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views <b>(Aug. 2003)</b>	Radiologic examination, abdomen; complete, including decubitus and/or erect views <b>(Aug. 2003)</b>	Radiologic examination, abdomen; 2 views <b>(April 2016)</b>
4	LOCATION			Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L041B	Rad Tech	20.0	20.0	21.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L041B	Rad Tech	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L041B	Rad Tech	20.0	20.0	21.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L041B	Rad Tech	0.0	0.0	0.0
10	PRE-SERVICE					
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
24	Obtain vital signs					
25	Provide pre-service education/obtain consent					
26	Prepare room, equipment, supplies	L041B	Rad Tech	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	2
29	Sedate/apply anesthesia					
30	Other Clinical Activity - specify:					
31	Intra-service					
32	Acquire images	L041B	Rad Tech	9	9	6
33	Post-Service					
34	Monitor pt. following moderate sedation					
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)					
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)					
37	Clean room/equipment by physician staff	L041B	Rad Tech	2	2	3
38	Clean Scope					
39	Clean Surgical Instrument Package					
40	Complete diagnostic forms, lab & X-ray requisitions					
41	Review/read X-ray, lab, and pathology reports					
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions					
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech			2
44	Review examination with interpreting MD	L041B	Rad Tech			2
45	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
46	Other Clinical Activity - specify:					
47	- Process films, hang films and review study with interpreting MD prior to patient discharge	L041B	Rad Tech	4	4	
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a	n/a	n/a
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a	n/a	n/a
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a	n/a	n/a
51	End: Patient leaves office					
52	POST-SERVICE Period					
64	MEDICAL SUPPLIES*	CODE	UNIT			
65	gown, patient	SB026	item	1	1	1
66	EQUIPMENT	CODE				
67	room, basic radiology	EL012		20	20	15
68	PACS Workstation Proxy	ED050		20	20	21
69	Professional PACS Workstation	NEW				5

	A	B	C	N	P	R
1	<b>REVISTED AT RUC 4/27/16</b>			<b>REFERENCE CODE</b>	<b>REFERENCE CODE</b>	
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>74010</b>	<b>74020</b>	<b>74021</b>
3	Meeting Date: April, 2016 Tab: 8 X-Ray Abdomen Specialty: ACR	CMS Code	Staff Type	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views <b>(Aug. 2003)</b>	Radiologic examination, abdomen; complete, including decubitus and/or erect views <b>(Aug. 2003)</b>	Radiologic examination, abdomen; 3 or more views <b>(April 2016)</b>
4	LOCATION			Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L041B	Rad Tech	20.0	20.0	24.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L041B	Rad Tech	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L041B	Rad Tech	20.0	20.0	24.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L041B	Rad Tech	0.0	0.0	0.0
10	PRE-SERVICE					
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
24	Obtain vital signs					
25	Provide pre-service education/obtain consent					
26	Prepare room, equipment, supplies	L041B	Rad Tech	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	2
29	Sedate/apply anesthesia					
30	Other Clinical Activity - specify:					
31	Intra-service					
32	Acquire images	L041B	Rad Tech	9	9	9
33	Post-Service					
34	Monitor pt. following moderate sedation					
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)					
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)					
37	Clean room/equipment by physician staff	L041B	Rad Tech	2	2	3
38	Clean Scope					
39	Clean Surgical Instrument Package					
40	Complete diagnostic forms, lab & X-ray requisitions					
41	Review/read X-ray, lab, and pathology reports					
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions					
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech			2
44	Review examination with interpreting MD	L041B	Rad Tech			2
45	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
46	Other Clinical Activity - specify:					
47	- Process films, hang films and review study with interpreting MD prior to patient discharge	L041B	Rad Tech	4	4	
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a	n/a	n/a
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a	n/a	n/a
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a	n/a	n/a
51	End: Patient leaves office					
52	POST-SERVICE Period					
64	MEDICAL SUPPLIES*	CODE	UNIT			
65	gown, patient	SB026	item	1	1	1
66	EQUIPMENT	CODE				
67	room, basic radiology	EL012		20	20	18
68	PACS Workstation Proxy	ED050		20	20	24
69	Professional PACS Workstation	NEW				5



	A	B	C	T	V
1	<b>REVISTED AT RUC 4/27/16</b>			<b>REFERENCE CODE</b>	
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>74022</b>	<b>74022</b>
3	Meeting Date: April, 2016 Tab: 8 X-Ray Abdomen Specialty: ACR	CMS Code	Staff Type	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest <b>(Aug. 2003)</b>	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest <b>(April 2016)</b>
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>24.0</b>	<b>27.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>0.0</b>	<b>0.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>24.0</b>	<b>27.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>0.0</b>	<b>0.0</b>
10	<b>PRE-SERVICE</b>				
21	<b>SERVICE PERIOD</b>				
22	<b>Start: When patient enters office/facility for surgery/procedure:</b>				
23	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Rad Tech	<b>3</b>	<b>3</b>
24	Obtain vital signs				
25	Provide pre-service education/obtain consent				
26	Prepare room, equipment, supplies	L041B	Rad Tech	<b>1</b>	<b>2</b>
27	Setup scope (non facility setting only)				
28	Prepare and position patient/ monitor patient/ set up IV	L041B	Rad Tech	<b>1</b>	<b>2</b>
29	Sedate/apply anesthesia				
30	Other Clinical Activity - specify:				
31	<b>Intra-service</b>				
32	Acquire images	L041B	Rad Tech	<b>12</b>	<b>12</b>
33	<b>Post-Service</b>				
34	Monitor pt. following moderate sedation				
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)				
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)				
37	Clean room/equipment by physician staff	L041B	Rad Tech	<b>2</b>	<b>3</b>
38	Clean Scope				
39	Clean Surgical Instrument Package				
40	Complete diagnostic forms, lab & X-ray requisitions				
41	Review/read X-ray, lab, and pathology reports				
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech		<b>2</b>
44	Review examination with interpreting MD	L041B	Rad Tech		<b>2</b>
45	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		<b>1</b>
46	Other Clinical Activity - <i>specify:</i>				
47	- <i>Process films, hang films and review study with interpreting MD prior to patient discharge</i>	L041B	Rad Tech	<b>5</b>	
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			<b>n/a</b>	<b>n/a</b>
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			<b>n/a</b>	<b>n/a</b>
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			<b>n/a</b>	<b>n/a</b>
51	<b>End: Patient leaves office</b>				
52	<b>POST-SERVICE Period</b>				
64	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>		
65	<b>gown, patient</b>	SB026	item	<b>1</b>	<b>1</b>
66	<b>EQUIPMENT</b>	<b>CODE</b>			
67	<b>room, basic radiology</b>	EL012		<b>24</b>	<b>21</b>
68	<b>PACS Workstation Proxy</b>	ED050		<b>24</b>	<b>27</b>
69	<b>Professional PACS Workstation</b>	NEW			<b>6</b>



	A	B	C
1	<b>REVISTED AT RUC 4/27/16</b>		
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>		
3	<b>Meeting Date: April, 2016</b> <b>Tab: 8 X-Ray Abdomen</b> <b>Specialty: ACR</b>	<b>CMS Code</b>	<b>Staff Type</b>
4	<b>LOCATION</b>		
5	<b>GLOBAL PERIOD</b>		
6	<b>TOTAL CLINICAL LABOR TIME</b>	<b>L041B</b>	<b>Rad Tech</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	<b>L041B</b>	<b>Rad Tech</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	<b>L041B</b>	<b>Rad Tech</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	<b>L041B</b>	<b>Rad Tech</b>
10	<b>PRE-SERVICE</b>		
21	<b>SERVICE PERIOD</b>		
22	<b>Start: When patient enters office/facility for surgery/procedure:</b>		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Rad Tech
24	Obtain vital signs		
25	Provide pre-service education/obtain consent		
26	Prepare room, equipment, supplies	L041B	Rad Tech
27	Setup scope (non facility setting only)		
28	Prepare and position patient/ monitor patient/ set up IV	L041B	Rad Tech
29	Sedate/apply anesthesia		
30	Other Clinical Activity - specify:		
31	<b>Intra-service</b>		
32	Acquire images	L041B	Rad Tech
33	<b>Post-Service</b>		
34	Monitor pt. following moderate sedation		
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)		
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)		
37	Clean room/equipment by physician staff	L041B	Rad Tech
38	Clean Scope		
39	Clean Surgical Instrument Package		
40	Complete diagnostic forms, lab & X-ray requisitions		
41	Review/read X-ray, lab, and pathology reports		
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions		
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech
44	Review examination with interpreting MD	L041B	Rad Tech
45	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
46	Other Clinical Activity - specify:		
47	- Process films, hang films and review study with interpreting MD prior to patient discharge	L041B	Rad Tech
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)		
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)		
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)		
51	<b>End: Patient leaves office</b>		
52	<b>POST-SERVICE Period</b>		
64	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>
65	<b>gown, patient</b>	SB026	item
66	<b>EQUIPMENT</b>	<b>CODE</b>	
67	<b>room, basic radiology</b>	EL012	
68	<b>PACS Workstation Proxy</b>	ED050	
69	<b>Professional PACS Workstation</b>	NEW	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures Screen\**

April 2016

**Pulmonary Diagnostic Tests**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 94620 was identified via this screen.

In January 2016, the specialty societies explained that they submitted a Code Change Application (CCA) for the February 2016 CPT Editorial Panel meeting as CPT codes 94620 and 94621 required revisions that would allow the survey respondents to better value these services. Code 94620 described two different tests commonly performed for evaluation of dyspnea, the six minute walk test as well as pre-exercise and post-exercise spirometry. These tests are entirely different and should be described with two separate codes. In addition, code 94620 described a “simple” pulmonary exercise test and code 94621 a “complex” pulmonary exercise test. The testing described in 94621 is commonly called a cardiopulmonary exercise test (CPET) and not a complex pulmonary exercise test as it is currently labeled in CPT 2016. Code 94621 includes the measurement of minute ventilation and exhaled gases in addition to heart rate, oximetry and ECG monitoring. As such, it should not be included as part of the family of less complex exercise tests. The RUC referred CPT code 94620 to the CPT Editorial Panel. In February 2016, the CPT Editorial Panel deleted code 94620, added two new codes 94617 & 94618 to report an exercise test for bronchospasm, and revised code 94621 to describe a cardiopulmonary exercise test.

The RUC discussed the survey results for CPT codes 94617, 94621 and 94618 and determined that the survey respondents indicated immediate post-procedure physician time was not representative of the time required to perform this service. The RUC noted that the description of immediate post-procedure physician work described the same intensity for each of the three services but was not represented the same across all three services by the survey respondents.

The standard survey instrument did indicate that the survey respondents should capture the interpretation and report work in the intra-service time period as is typical for XXX global services, but the specialty society contends that the survey respondents did not appear to capture the physician time correctly. The RUC recommends that the specialty societies resurvey codes 94617, 94621 and 94618 with the same exact survey instrument (the current standard RUC survey for imaging and tests).

**The RUC recommends that CPT codes 94620, 94617, 94621 and 94618 be re-surveyed for the October 2016 RUC meeting.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Medicine</b> <b>Pulmonary</b> <b>Pulmonary Diagnostic Testing and Therapies</b>  94060 <i>Bronchodilation responsiveness, spirometry as in 94010, pre-and post-bronchodilator administration</i>  <i>(Do not report 94060 in conjunction with 94150, 94200, 94375, 94640, 94728)</i>  <i>(Report bronchodilator supply separately with 99070 or appropriate supply code)</i>  <i>(For prolonged exercise test for bronchospasm with pre- and post-spirometry, use <del>94620</del> 94617)</i>  94250 <i>Expired gas collection, quantitative, single procedure (separate procedure)</i>  <u><i>(Do not report 94250 in conjunction with 94621)</i></u>				
<b>D</b> 94620	-	<del><i>Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)</i></del>	<del>XXX</del>	0.64
●94617	F1	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry	XXX	Resurvey for October 2016 RUC meeting

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

▲94621(f)	F2	<p><u>Cardiopulmonary exercise testing, <del>complex</del> (including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings)</u></p> <p><u>(Do not report 94621 in conjunction with 94250, 94680, 94681 and 94690)</u></p> <p><u>(Do not report 94617, 94618, 94621 in conjunction with 94760, 94761)</u></p>	XXX	Resurvey for October 2016 RUC meeting
●94618	F3	<p>Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed</p> <p><u>(94620 has been deleted. To report pulmonary stress testing, use 94618)</u></p>	XXX	Resurvey for October 2016 RUC meeting
<p>94760      <i>Noninvasive ear or pulse oximetry for oxygen saturation; single determination (For blood gases, see 82803-82810)</i></p> <p>94761      <i>multiple determinations (eg, during exercise)</i></p> <p><u>(Do not report 94760, 94761 in conjunction with 94617, 94618, 94621)</u></p> <p>94680      <i>Oxygen uptake, expired gas analysis; rest and exercise, direct, simple</i></p> <p>94681      <i>including CO2 output, percentage oxygen extracted</i></p> <p>94690      <i>rest, indirect (separate procedure)</i></p>				

*(For single arterial puncture, use 36600)*

(Do not report 94680, 94681, 94690 in conjunction with 94621)

## AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2016

### **Parent, Caregiver-focused Health Risk Assessment – PE Only**

The CPT Editorial Panel added two new codes, 96160 *Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument* and 96161 *Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument*, to the Medicine section of CPT and deleted 99420 *Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)* from the Evaluation and Management (E/M) section.

At the January 2016 RUC meeting, the specialty societies recommended that this family of codes be surveyed for practice expense for the April 2016 RUC meeting. For their presentation in January, the specialty societies used an expert panel to determine the staff time and medical supplies, the same process that is used for most PE recommendations. The Practice Expense Subcommittee noted that PE surveys have been utilized on occasion and it would be possible for a PE survey to be created to review these services. The specialty societies noted their concern that the PE Subcommittee's recommendation of five minutes of clinical staff time in January 2016 undervalues the services and would like the data of a PE survey in order to either verify the PE Subcommittee's recommendation or indicate that more time is appropriate. The RUC agreed that these are important services and it is critical to get the PE inputs correct.

The specialty societies developed and administered a practice expense survey for the April 2016 RUC meeting. The PE Subcommittee and the RUC reviewed the survey results from 24 pediatricians and family physicians and noted that the survey 25<sup>th</sup> percentile of 96160 is 6 minutes clinical staff time and the survey 25<sup>th</sup> percentile of 96161 is 8 minutes clinical staff time. The RUC agreed with the specialty societies that a blend of the survey 25<sup>th</sup> percentiles for both codes, for a clinical staff time of 7 minutes, appropriately accounts for the clinical staff activities required to perform each code. The specialty societies clarified that they are recommending the survey 25<sup>th</sup> percentile for each clinical staff activity except *collate and score data elements on assessment in advance of physician's exam*. For this clinical staff activity, the survey respondents reported 0 minutes for 96160 and 2 minutes for 96161. The specialty societies recommended the average between the survey 25<sup>th</sup> percentiles for this clinical labor activity, or 1 minute of clinical labor time. The breakdown of time is *explain purpose of assessment to patient/caregiver and answer questions*, 2 minutes; *remain in exam room with patient/caregiver exclusive to completion of assessment*, 2 minutes; *collate and score data elements on assessment in advance of physician's exam* 1 minutes; and *scan assessment or enter data elements and total score into electronic health record*, 2 minutes. All clinical staff activities are performed by a *Medical/Technical Assistant (L026A)*. A PE Subcommittee member asked why the Beck Depression Inventory, Second Edition (BDI-II), was not recommended as a supply item as it was at the January 2016 RUC meeting, and the specialties explained that survey respondents reported using a free assessment tool, often provided as part of the electronic medical record.

The specialty societies agreed that 2 sheets of *paper, laser printing (each sheet)* (SK057) to print the assessment tool is the only supply item needed for these services. **The RUC recommends the direct practice expense inputs as recommended by the specialty societies and approved by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Medicine</b>  <b>Health and Behavior Assessment/Intervention</b>  <i>Health and behavior...</i>  <i>The focus of...</i>  <i>Codes 96150-96155...</i>  <i>For patients that...</i>  <i>Evaluation and Management...</i>  96152 <i>Health and behavior intervention, each 15 minutes, face-to-face; individual</i>  96155 <i>family (without the patient present)</i>			
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	XXX	0.00 PE Only
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	XXX	0.00 PE Only

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10  
Tab Number

**Parent, Caregiver-Focused Health Risk Assessment**  
Issue

**961X0-961X1**  
Code Range

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

  
Signature

**Jennifer R. Aloff, MD FAAFP**  
Printed Signature

**American Academy of Family Physicians (AAFP)**  
Specialty Society

3/31/16  
Date



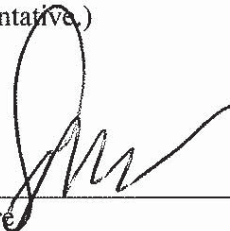
**Parent, Caregiver-Focused Health Risk Assessment**  
Issue

**961X0-961X1**  
Code Range

**Attestation Statement**

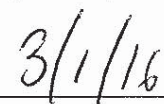
This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

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

  
\_\_\_\_\_  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

**96160 Administration of patient-focused health risk assessment (eg, health hazard appraisal) with scoring and documentation, per standardized instrument**

Global Period: **XXX**

Meeting Date: **April 2016**

1) Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**Advisors and subject matter experts from AAFP and AAP met by phone and via email to review the inputs and make recommendations.**

2) You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes.  
Reference Code Rationale:

**When this code was initially presented in January 2016, code 99420 was used as a reference code, because, it was the predecessor code to 96160, and like 96160, it involves administration of a health risk assessment instrument.**

**For this presentation, we have also included the inputs recommended for 961X0 by the RUC at its January 2016 meeting.**

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:

**Among the compelling evidence guidelines for practice expense is analysis of other data on time measures. The inputs recommended by the RUC in January 2016 were based on expert panel opinions presented by the AAFP and AAP. With the RUC's permission, the AAFP and AAP subsequently conducted a practice expense survey of a random sample of their memberships. A copy of the survey is included in the material submitted for this meeting. The specialties sent the survey to 1,888 physicians and received 24 responses. A spreadsheet summarizing those responses is also included in the material submitted for this meeting. The RUC has generally held that survey data is preferable to expert opinion data, where**

available. Therefore, based on our analysis of this new time data from the practice expense survey that we did, we believe there is compelling evidence to consider an increase over the inputs recommended by the RUC in January 2016.

5) Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: **N/A**

Intra-Service Clinical Labor Activities:

- **Explain purpose of assessment to patient/caregiver and answer questions\***
- **Remain in exam room with patient/caregiver exclusive to completion of assessment**
- **Collate and score data elements on assessment in advance of physician's exam**
- **Scan assessment or enter data elements and total score into electronic health record**

**\*In response to concerns raised by the Practice Expense Subcommittee in January 2016, we asked survey respondents to also tell us:**

- **How many times a year they see the typical patient described in the vignette**
- **What percent of those visits involve the provision of this service**
- **Whether clinical staff typically provides the same level/amount of patient/caregiver instructions with subsequent administrations of the assessment as with the initial administration**

**Survey respondents told us that the median number of times a year they see the typical patient described in the vignette is five. The median percent of visits that involve the provision of this service was 50%, and 14 of the 24 respondents said clinical staff typically provides the same level/amount of patient/caregiver instructions with subsequent administrations of the assessment as with the initial administration. Based on these responses, we believe that the clinical staff time is the same each time this service is provided.**

Post-Service Clinical Labor Activities: **N/A**

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

**96161 Administration of caregiver-focused health risk assessment (eg, depression inventory) for benefit of the patient, with scoring and documentation, per standardized instrument**

Global Period: **XXX**

Meeting Date: **April 2016**

1) Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

**Advisors and subject matter experts from AAFP and AAP met by phone and via email to review the inputs and make recommendations.**

2) You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

**When this code was initially presented in January 2016, code 96127 was used as a reference code, because, like 96161, it involves administration of an assessment instrument such as a depression inventory as well as the scoring and documentation of that instrument on a per instrument basis.**

**For this presentation, we have also included the inputs recommended for 96161 by the RUC at its January 2016 meeting.**

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:

**Among the compelling evidence guidelines for practice expense is analysis of other data on time measures. The inputs recommended by the RUC in January 2016 were based on expert panel opinions presented by the AAFP and AAP. With the RUC's permission, the AAFP and AAP subsequently conducted a practice expense survey of a random sample of their memberships. A copy of the survey is included in the material submitted for this meeting. The specialties sent the survey to 1,888 physicians and received 24 responses. A spreadsheet**

summarizing those responses is also included in the material submitted for this meeting. The RUC has generally held that survey data is preferable to expert opinion data, where available. Therefore, based on our analysis of this new time data from the practice expense survey that we did, we believe there is compelling evidence to consider an increase over the inputs recommended by the RUC in January 2016.

5) Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: **N/A**

Intra-Service Clinical Labor Activities:

- **Explain purpose of assessment to patient/caregiver and answer questions\***
- **Remain in exam room with patient/caregiver exclusive to completion of assessment**
- **Collate and score data elements on assessment in advance of physician's exam**
- **Scan assessment or enter data elements and total score into electronic health record**

**\*In response to concerns raised by the Practice Expense Subcommittee in January 2016, we asked survey respondents to also tell us:**

- **How many times a year they see the typical patient described in the vignette**
- **What percent of those visits involve the provision of this service**
- **Whether clinical staff typically provides the same level/amount of patient/caregiver instructions with subsequent administrations of the assessment as with the initial administration**

Survey respondents told us that the median number of times a year they see the typical patient described in the vignette is five. The median percent of visits that involve the provision of this service was 63%, and 14 of the 24 respondents said clinical staff typically provides the same level/amount of patient/caregiver instructions with subsequent administrations of the assessment as with the initial administration. Based on these responses, we believe that the clinical staff time is the same each time this service is provided.

Post-Service Clinical Labor Activities: **N/A**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
	Tab 10: AAP-AAFP Health Risk Assessment UPDATED 4/27/16			REFERENCE CODE (Current Inputs)		REFERENCE CODE (April 2014 RUC Recommendations)		REFERENCE CODE March 2003 PEAC (Predecessor code to 961X0)		January 2016 RUC Recommendations				April 2016 RUC			
1																	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.																
	Meeting Date: April 2016 Tab: 10 Specialties: AAP and AAFP	CMS Code	Staff Type	96127 Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument		96127 Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument		99420 Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)		96161 Administration of caregiver-focused health risk assessment (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument		96160 Administration of patient-focused health risk assessment (eg, health hazard appraisal) with scoring and documentation, per standardized instrument		96161 Administration of caregiver-focused health risk assessment (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument		96160 Administration of patient-focused health risk assessment (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	
3																	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD																
6	TOTAL CLINICAL LABOR TIME			7.0	0.0	15.0	0.0	1.0	0.0	5.0	0.0	5.0	0.0	7.0	0.0	7.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L026A	Medical/ Technical	7.0	0.0	15.0	0.0	0.0	0.0	5.0	0.0	5.0	0.0	7.0	0.0	7.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D		0.0	0.0	0.0	0.0	1.0	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																
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	L037D	RN/LPN/MTA					3									
22	Obtain vital signs	L037D	RN/LPN/MTA					2									
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA														
24	Prepare room, equipment, supplies							2									
25	Setup scope (non facility setting only)																
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA					1									
27	Sedate/apply anesthesia																
28	Other Clinical Activity - specify:																
29	Intra-service																
30	Assist physician in performing procedure																
31	Explain purpose of assessment to patient/caregiver and answer questions	L026A	Medical/ Technical Assistant											2		2	
32	Remain in exam room with patient/caregiver exclusive to completion of assessment	L026A	Medical/ Technical Assistant											2		2	
33	Collate and score data elements on assessment in advance of physician's exam	L026A	Medical/ Technical Assistant											1		1	
34	Scan assessment or enter data elements and total score into electronic health record	L026A	Medical/ Technical Assistant											2		2	
35	Administration, scoring, and documenting results of completed standardized instrument	L026A	Medical/ Technical Assistant							5		5					
36	Scoring completed behavior assessment tool	L026A	Medical/ Technical Assistant	7		15											
37	Post-Service																
38	Monitor pt. following moderate sedation																
39	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																
40	Clean room/equipment by physician staff	L037D	RN/LPN/MTA					2									
41	Clean Scope																
42	Clean Surgical Instrument Package																
43	Complete diagnostic forms, lab & X-ray requisitions																
44	Review/read X-ray, lab, and pathology reports																
45	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions																
46	Other Clinical Activity - specify: Review history, systems, and medications	L037D	RN/LPN/MTA					5									
47	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a				n/a			
48	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a				n/a			
49	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a				n/a			
50	End: Patient leaves office																
51	POST-SERVICE Period																
52	Start: Patient leaves office/facility																
53	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA					1									
54	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
55	99211 16 minutes		16														
56	99212 27 minutes		27														
57	99213 36 minutes		36														
58	99214 53 minutes		53														
59	99215 63 minutes		63														
60	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
61	Other Clinical Activity - specify:																
62	End: with last office visit before end of global period																
63	MEDICAL SUPPLIES*	CODE	UNIT														
64	pack, minimum multi-specialty visit	SA048	pack														
65	Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet	SK119	item	1		1											
66	Beck Depression Inventory, Second Edition (BDI-II)	New	item							1							
67	<a href="http://aac.ncat.edu/newsnotes/y98fall.html">http://aac.ncat.edu/newsnotes/y98fall.html</a>																
68	Patient education booklet	SK062	item					1									
69	paper, laser printing (each sheet)	SK057	item									4		2		2	
70	EQUIPMENT	CODE															
71																	

AAP & AAFP 3-25-16		Name	961X0: Minutes spent				961X0: Medical supplies purchased				961X0: Frequency		961X0: Initial vs subs									
			Explaining		In exam room		Collating/scoring		Scanning/entering		Standardized Health Risk Assessment (SHRA)	Laser Printing Paper (LPP)	None	Other	Sheets of LPP	SHRA tool(s) used	Times/year see typical pt	% involve this service	Yes	No	Not sure	
Low		0		0		0		0							1		0	0%				
25th		2		2		0		2							2		3	13%				
Median		5		6		4		4							3		5	50%				
Mean		6		7		5		4							4		18	53%				
75th		9		10		8		5							5		9	100%				
High		20		20		20		10							10		150	100%				
Staff Type																						
	MTA	10		9		9		12														
	LPN	5		3		2		2														
	RN	4		5		4		4														
	Other	4		3		2		4														
Med Supplies																						
	SHRA									10												
	LPP										16											
	None											4										
Initial=Subs?																						
	Yes																		14			
	No																			6		
	Not sure																				3	

AAP & AAFP 3-25-16		Name	961X1: Minutes spent				961X1: Medical supplies purchased					961X1: Frequency		961X1: Initial vs subs			
							Standardized Health Risk Assessment (SHRA)	Laser Printing Paper (LPP)	None	Other	Sheets of LPP	SHRA tool(s) used	Times/year see typical pt	% involve this service	Yes	No	Not sure
		Explaining	In exam room	Collating/scoring	Scanning/entering												
Low	0		0		0					1		1	0%				
25th	2		2		2					2		4	25%				
Median	5		6		4					2		5	63%				
Mean	6		7		4					4		27	58%				
75th	9		10		5					5		18	100%				
High	15		20		10					10		300	100%				
Staff Type																	
MTA		10	9	9	10												
LPN		5	3	2	3												
RN		4	5	5	3												
Other		2	2	2	3												
Med Supplies																	
SHRA						8											
LPP							15										
None								5									
Initial=Subs?																	
Yes														14			
No															5		
Not sure																3	



## Health Risk Assessment RUC Practice Expense Survey

Health Risk Assessment RUC Practice Expense Survey  
AAFP and AAP Need Your Help!

**The American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP) are in need of your assistance to gather important practice expense data to assist in the valuation of two new/revised CPT codes:**

**961X0 Administration of patient-focused health risk assessment (eg, health hazard appraisal) with scoring and documentation, per standardized instrument**

**961X1 Administration of caregiver-focused health risk assessment (eg, depression inventory) for benefit of the patient, with scoring and documentation, per standardized instrument**

## Health Risk Assessment RUC Practice Expense Survey

The American Medical Association/Specialty Society RVS Update Committee

### The RVS Practice Expense Survey

#### Health Risk Assessment Direct Practice Expense RVS Update Survey

Global Period: XXX

#### CPT Codes, Descriptors, & Vignettes:

**961X0 Administration of patient-focused health risk assessment (eg, health hazard appraisal) with scoring and documentation, per standardized instrument**

**961X0 Vignette:** A patient comes into your office for follow up on chronic health issues, accompanied by a family member who expresses concern about the patient's increasing forgetfulness and social withdrawal.

**961X1 Administration of caregiver-focused health risk assessment (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument**

**961X1 Vignette:** An intellectually disabled patient is accompanied by his parent/caregiver during a Preventive Medicine Service visit. The parent/caregiver admits the patient is increasingly more difficult to manage and things are falling apart at home.

#### Why should I complete this survey?

The AMA/Specialty Society RVS Update Committee (RUC), the American Academy of Family Physicians (AAFP), and the American Academy of Pediatrics (AAP) need your help to assure the practice expense relative value units (PE RVUs) will be accurately and fairly presented to the Centers for Medicare and Medicaid Services (CMS) during this revision process.

**Both codes must be surveyed. The questions for each are organized the same and are comprised of questions relating to direct practice expense inputs.**

If you have questions, please contact:

Kent Moore  
AAFP staff  
kmoore@aafp.org  
800/274-2237 ext 4170

Linda Walsh  
AAP staff  
lwalsh@aap.org  
800/433-9016 ext 7931

## Health Risk Assessment RUC Practice Expense Survey

### Contact Information

\* The following information must be provided by the physician responsible for completing the survey.

**Physician Name**

**Business Name**

**E-mail Address**

**Business Phone**

\* Primary Geographic Practice Setting

\* Physician Specialty

\* Primary Type of Practice

Other (Please Specify if Applicable)

## Health Risk Assessment RUC Practice Expense Survey

### Financial Disclosure

[Please see bottom of page for asterisk (\*) key.]

**Please answer the following four (4) questions by checking yes or no.**

\* Do you or a family member\* have a direct financial interest in this service, other than providing it in the course of patient care? For purposes of this survey, "direct financial interest" means:

	Yes	No
A financial ownership interest in an organization** of 5% or more	<input type="radio"/>	<input type="radio"/>
A financial ownership interest in an organization** which contributes materially*** to your income	<input type="radio"/>	<input type="radio"/>
Ownership of stock options in an organization**	<input type="radio"/>	<input type="radio"/>
A position as proprietor, director, managing partner, or key employee in an organization**	<input type="radio"/>	<input type="radio"/>

\*Family member means spouse, domestic partner, parent, child, brother, or sister. Disclosure of family member's interest applies to the extent known by the survey respondent.

\*\*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.

If you have answered yes to any of the above questions, please do not complete this survey.

## Health Risk Assessment RUC Practice Expense Survey

### Financial Disclosure (Continued)

[Please see bottom of page for asterisk (\*) key.]

**Please answer the following question by answering yes or no.**

- \* Do you or a family member\* have a direct financial interest in this service, other than providing it in the course of patient care? For purposes of this survey, "direct financial interest" means:

Serve as a consultant, researcher, expert witness (excluding professional liability testimony), speaker, or writer for an organization\*\* or participate in a clinical trial that involves the services being reviewed, where payment contributes materially\*\*\* to your income

☐ Yes

☐ No

\*Family member means spouse, domestic partner, parent, child, brother, or sister. Disclosure of family member's interest applies to the extent known by the survey respondent.

\*\*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.

If you have answered yes to the above question, please do not complete this survey.

## Health Risk Assessment RUC Practice Expense Survey

### Additional Disclosure

\* Have you been contacted by anyone other than your specialty society, other specialty societies sponsoring this survey (or any of their representatives), or the American Medical Association with respect to this survey?

☐ Yes

☐ No

If you have answered yes to the above question, please do not complete this survey.

## Health Risk Assessment RUC Practice Expense Survey

### Site of Service & Global Period

#### **Site of Service: Non-Facility**

Practice expenses are classified according to the site of service as either non-facility (eg, physician office) or facility (eg, hospital). The typical site of service for the service of health risk assessment is non-facility.

#### **Global Period: XXX**

It is very important to consider the global period when you are estimating clinical staff time. Both codes included in this survey have an "XXX" global period, which means that the global period concept does not apply since evaluation and management (E/M) services performed may be reported on the same day.

## Health Risk Assessment RUC Practice Expense Survey

### Staff Time & Direct Practice Expense Inputs

#### Staff Time

You will be asked to estimate the staff time providing clinical support in minutes for each category/task listed. The work of clinical staff should not be counted when it substitutes for work the physician would provide within the definitions of physician work. However, when the clinical staff provides services that are above and beyond the tasks that the physician is usually expected to do and not a substitute for physician services, it should be included.

**Include:** Clinical labor provided by health care professionals who are paid by your practice and cannot bill separately, such as medical/technical assistants, registered nurses, or licensed practical nurses.

**Do not include:** Clinical labor provided by health care professionals such as physician assistants or nurse practitioners in this survey if they can separately bill for the service and their services are a substitute for the physician service. Also, administrative activities provided by clerical staff, medical secretaries, or clinical staff should NOT be included. Administrative activities include billing for services, scheduling appointments, transcribing and filing reports, and obtaining service authorizations.

**\*\*\*Do not include clinical staff time associated with any other service (eg, evaluation and management (E/M) service) provided during the same encounter.\*\*\***

#### Direct Practice Expense Inputs

Direct practice expenses inputs include the following:

- Time spent by health care professional clinical staff providing clinical activities
- Medical supplies used to perform service
- Medical equipment used to perform the service

**IN ANSWERING THESE PRACTICE EXPENSE QUESTIONS, YOU MAY FIND IT HELPFUL TO CONFER WITH YOUR CLINICAL STAFF.**



## Health Risk Assessment RUC Practice Expense Survey

How much time does your staff spend providing clinical support for each portion of this service?

### **961X0**

*Base your estimates on the 961X0 vignette included at the beginning of this survey and below.*

Only include clinical labor provided by health care professionals who are paid by your practice and cannot bill separately, such as medical/technical assistants, registered nurses, or licensed practical nurses. It is important to include the time associated with clinical activities regardless of the type of staff providing the service, since it is most important to capture the time related to clinical functions. For example, if you use non-clinical personnel for clinical activities, please list the staff type in the “other staff” category below; however, administrative activities should not be included.

\* 961X0 Administration of patient-focused health risk assessment (eg, health hazard appraisal) with scoring and documentation, per standardized instrument

961X0 Vignette: A patient comes into your office for follow up on chronic health issues, accompanied by a family member who expresses concern about the patient's increasing forgetfulness and social withdrawal.

Number of Minutes

Clinical Staff Type

Minutes spent  
explaining the purpose  
of the assessment to  
the patient/caregiver  
and answering  
questions

Minutes spent in the  
exam room with the  
patient/caregiver  
exclusive to  
completion of the  
assessment

Minutes spent  
collating and scoring  
the data elements on  
the assessment in  
advance of the  
physician's exam

Minutes spent  
scanning the  
assessment or  
entering data  
elements and total  
score into the  
electronic health  
record

Other Clinical Staff Type (Please Specify if Applicable)

## Health Risk Assessment RUC Practice Expense Survey

How much time does your staff spend providing clinical support for each portion of this service?

### **961X1**

*Base your estimates on the 961X1 vignette included at the beginning of this survey and below.*

Only include clinical labor provided by health care professionals who are paid by your practice and cannot bill separately, such as medical/technical assistants, registered nurses, or licensed practical nurses. It is important to include the time associated with clinical activities regardless of the type of staff providing the service, since it is most important to capture the time related to clinical functions. For example, if you use non-clinical personnel for clinical activities, please list the staff type in the “other staff” category below; however, administrative activities should not be included.

\* 961X1 Administration of caregiver-focused health risk assessment (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

961X1 Vignette: An intellectually disabled patient is accompanied by his parent/caregiver during a Preventive Medicine Service visit. The parent/caregiver admits the patient is increasingly more difficult to manage and things are falling apart at home.

Number of Minutes

Clinical Staff Type

Minutes spent explaining the purpose of the assessment to the patient/caregiver and answering questions

Minutes spent in the exam room with the patient/caregiver exclusive to completion of the assessment

Minutes spent collating and scoring the data elements on the assessment in advance of the physician's exam

Minutes spent scanning the assessment or entering data elements and total score into the electronic health record

Other Clinical Staff Type (Please Specify if Applicable)

## Health Risk Assessment RUC Practice Expense Survey

### Medical Supplies

#### 961X0 Administration of patient-focused health risk assessment

\* What medical supplies has your practice *purchased* and used in the provision of this service?

	Standardized Health Risk Assessment Instrument	Laser Printing Paper	Other (Please Specify Below)	None
Please Check Any/All Applicable Medical Supply(ies) Or "None"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please Specify if Applicable)

If you answered "Laser Printing Paper," how many sheets do you typically use in the provision of this service?

If you answered "Standardized Health Risk Assessment Instrument," which one do you typically use in the provision of this service?

## Health Risk Assessment RUC Practice Expense Survey

### Medical Supplies

#### 961X1 Administration of caregiver-focused health risk assessment for benefit of the patient

\* What medical supplies has your practice *purchased* and used in the provision of this service?

	Standardized Health Risk Assessment Instrument	Laser Printing Paper	Other (Please Specify Below)	None
Please Check Any/All Applicable Medical Supply(ies) Or "None"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please Specify if Applicable)

If you answered "Laser Printing Paper," how many sheets do you typically use in the provision of this service?

If you answered "Standardized Health Risk Assessment Instrument," which one do you typically use in the provision of this service?

## Health Risk Assessment RUC Practice Expense Survey

### Frequency of Service

#### \* 961X0 Administration of patient-focused health risk assessment

Vignette: A patient comes into your office for follow up on chronic health issues, accompanied by a family member who expresses concern about the patient's increasing forgetfulness and social withdrawal.

How many times a year do  
you see the typical patient  
described in the vignette?

Of those visits, what  
**percent** involve the  
provision of this service?

#### \* 961X1 Administration of caregiver-focused health risk assessment for benefit of the patient

Vignette: An intellectually disabled patient is accompanied by his parent/caregiver during a Preventive Medicine Service visit. The parent/caregiver admits the patient is increasingly more difficult to manage and things are falling apart at home.

How many times a year do  
you see the typical  
patient/caregiver  
described in the vignette?

Of those visits, what  
**percent** involve provision  
of this service?

## Health Risk Assessment RUC Practice Expense Survey

### Initial Vs Subsequent Encounters

#### \* 961X0 Administration of patient-focused health risk assessment

Vignette: A patient comes into your office for follow up on chronic health issues, accompanied by a family member who expresses concern about the patient's increasing forgetfulness and social withdrawal.

Does the clinical staff typically provide the same level/amount of patient/caregiver instructions with subsequent administrations of the assessment as with the initial administration of the assessment?

- ☐ Yes
- ☐ No
- ☐ Not Sure

#### \* 961X1 Administration of caregiver-focused health risk assessment

Vignette: An intellectually disabled patient is accompanied by his parent/caregiver during a Preventive Medicine Service visit. The parent/caregiver admits the patient is increasingly more difficult to manage and things are falling apart at home.

Does the clinical staff typically provide the same level/amount of patient/caregiver instructions with subsequent administrations of the assessment as with the initial administration of the assessment?

- ☐ Yes
- ☐ No
- ☐ Not Sure



## **Health Risk Assessment RUC Practice Expense Survey**

**Thank You Very Much For Completing The Survey!**

**If you have questions, please contact:**

**Kent Moore  
AAFP staff  
kmoore@aafp.org  
800/274-2237 ext 4170**

**Linda Walsh  
AAP staff  
lwalsh@aap.org  
800/433-9016 ext 7931**

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS Request – Final Rule for 2016*

April 2016

**Anesthesia for Intestinal Endoscopic Procedures**

In the Final Rule for 2016, CMS stated that the anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used for anesthesia furnished in conjunction with lower GI procedures. In reviewing Medicare claims data, CMS noted that a separate anesthesia service is now reported more than 50 percent of the time when several types of colonoscopy procedures are reported. Given the significant change in the relative frequency with which anesthesia codes are reported with colonoscopy services, CMS believes the base units of the anesthesia services should be reexamined. Therefore, CMS proposed to identify CPT codes 00740 and 00810 as potentially misvalued. The RUC reviewed CPT codes 00740 and 00810 in January 2016 and recommended:

1. An interim base unit of 5 for code 00740 and 00810 and notes the comparison to the RUC recommended values for moderate sedation, 991X4 and 991X6, results in a work RVU equivalent that is only slightly higher than moderate sedation service of the same number of minutes.
2. Referral to the Research Subcommittee for review of the vignettes and to develop a method on how to review the survey data to value these services. The specialty societies should revise the vignette for the typical patient receiving anesthesia for an EGD, CPT code 00740, and for a patient receiving anesthesia for a colonoscopy (45378) , CPT code 00810.
3. Resurvey 00740 and 00810 for the April 2016 RUC meeting.

In April 2016, an Ad Hoc Anesthesia Workgroup was formed to discuss the issues surrounding these services. The specialty society stated and the Workgroup agreed that CPT codes 00740 and 00810 are too broad in the range of endoscopic procedures covered under each code and should be referred to the CPT Editorial Panel September 29-October 1, 2016 meeting to request a new family of anesthesia codes to describe anesthesia for GI endoscopic procedures. The revised codes will specifically identify those patients undergoing both upper and lower gastrointestinal endoscopic procedures. **The RUC recommends CPT codes 00740 and 00810 be referred to CPT to better define these services.**

**The Anesthesia Workgroup also recommended an educational presentation be provided to the RUC on the existing survey and valuation process for anesthesia services since it has not been validated or used for a survey since 2007, including a specific example of how the data from a survey are used to value an anesthesia service.**

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	XXX	Refer to CPT Sept 2016 and RUC Jan 2017
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	XXX	Refer to CPT Sept 2016 and RUC Jan 2017

February 18, 2016

Peter Smith, MD  
Chair, AMA RVS Update Committee  
American Medical Association  
330 North Wabash Avenue  
Chicago, IL 60611-5885

RE: Resurveying Anesthesia Codes 00740 and 00810 for April 2016 RUC Meeting

Dear Dr. Smith:

The recently released CMS Requests and Relativity Assessment LOI, indicates that anesthesia codes 00740 and 00810 are to be resurveyed for the April 2016 RUC meeting. As you know, at the most recent meeting of the RUC, the committee reviewed these codes and recommended that they maintain their current value of 5 base units as interim until codes 00740 and 00810 could be resurveyed. At that meeting, the committee also noted that the vignettes might not represent the current typical patient. The committee suggested a new vignette; the ASA members suggested that there might be different patient populations that could warrant a separate CPT code for a subset of the patients currently covered by these two codes.

While the ASA agrees that the vignettes need to be reviewed to determine if they represent the typical patients requiring anesthesia services for upper and lower endoscopy and, based on revised vignettes, these codes should be resurveyed, the timing of the survey was not defined at the January meeting. Based on the need to revise the vignettes to reflect current practices, the ASA does not think a resurvey prior to the April 2016 meeting is a realistic time frame to determine the appropriate next steps, taking into account the following additional considerations:

1. The Research Subcommittee has been asked to develop a method by which the RUC can review and evaluate the results of a survey of an anesthesia code. We anticipate that the recommendations will require review by the full RUC, as is the case for most subcommittee recommendations. If so, it is likely that the anesthesia survey tool could require some modifications before completing the survey. We do not believe this can be accomplished prior to the April 2016 RUC meeting. Failure to develop a valuation methodology and making sure the survey tool includes all data necessary to utilize that methodology prior to surveying the codes, may result in a repeat of the January RUC

meeting in which data is presented but no clear pathway towards using that data to determine anesthesia base units exists.

2. During the January RUC meeting, the specialty was asked by CMS to consider splitting codes 00740 and 00810 to differentiate between screening and diagnostic and/or therapeutic procedures. As noted above, the ASA is considering this option and will be prepared to present its recommendations at the April 2016 meeting. If a decision is made to split the codes to reflect the different patient populations, the ASA will submit new code proposals to CPT promptly thereafter. If appropriate, new code proposals can be submitted to CPT for consideration at the September 2016 meeting, and reviewed at the January 2017 RUC meeting. This timeframe would allow completion of the process within the 2018 cycle.

ASA is committed to working with the RUC and CMS to insure that these services are accurately and fairly valued. To do so, we think this effort needs to be done in a timeframe that allows for a more comprehensive and thoughtful review.

We would be glad to meet with CMS to discuss the issues associated with these codes so that the agency's concerns are fully addressed as the process of affirming proper valuation of codes 00740 and 00810 moves forward.

Sincerely,



Marc Leib, MD  
ASA RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS Request – Final Rule for 2016*

April 2016

**Fine Needle Aspiration**

Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting. In the 2016 Final Rule, CMS noted their concerns about implementing PE inputs without the corresponding work being reviewed. The RAW analyzed the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remain. CPT code 10021 *Fine needle aspiration; without imaging guidance* met those criteria. CPT Code 10022 *Fine needle aspiration; with imaging guidance* was also identified under the CMS High Expenditure Procedure list.

The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to conducting a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* more than 75% of the time together and a bundled code solution will be developed. The specialty societies also requested that these two codes be moved to the 2019 CPT cycle, due to the high workload currently involving the societies. **The RUC recommends that CPT codes 10021 and 10022 be referred to the CPT Editorial Panel for the February 2017 meeting.**

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
10021	Fine needle aspiration; without imaging guidance	XXX	Refer to CPT Feb 2017
10022	Fine needle aspiration; with imaging guidance	XXX	Refer to CPT Feb 2017

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

March 7, 2016

Peter K. Smith, MD  
Chair  
Relative Value Scale Update Committee  
AMA Plaza  
330 N. Wabash Ave.  
Chicago, IL 60611-5885

**Re: Tab 12, Fine Needle Aspiration (10021 and 10022)**

Dear Dr. Smith:

On behalf of the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS), the American College of Surgeons (ACS), the American College of Radiology (ACR), the Society of Interventional Radiology (SIR), and the American Society of Breast Surgeons (ASBrS) we are writing to request that Tab 12, Fine Needle Aspiration (FNA) which includes CPT codes 10021 Fine needle aspiration; without imaging guidance and 10022 Fine needle aspiration; with imaging guidance, be referred to CPT for the 2019 cycle.

The reason for this request is twofold. First, regarding both codes, our organizations believe that additional parentheticals are needed to clarify that the code should be reported per lesion rather than for every pass on the same lesion. Second, for code 10022, we identified that this service is reported greater than 75% of the time with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation. Therefore, we would like to refer both codes to CPT to develop correct coding guidelines and a new bundled code in accordance with the typical RUC policy for services commonly reported together.

In summary, we request that Tab 12 be removed from the RUC agenda for the April 2016 meeting so that this family of codes can be referred to CPT for the aforementioned reasons. Should you have any questions or concerns, please do not hesitate to contact one of our Advisors listed below.

Sincerely,



Peter Manes, MD  
AAO-HNS RUC Advisor



Ezequiel Silva III, MD, FACR  
ACR RUC Advisor



Charles Mabry, MD, FACS  
ACS RUC Advisor



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*Harvard Valued – Utilization Over 30,000\**

April 2016

**Acne Surgery**

In October 2015, AMA staff re-ran the Harvard valued codes with utilization over 30,000 based on 2014 Medicare claims data and CPT code 10040 was identified.

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

The RUC reviewed the survey results from 35 practicing dermatologists and agreed on the following physician time components: pre-service evaluation time of 3 minutes, with a reduction of 4 minutes to account for the reporting of an Evaluation and Management service on the same date, pre-service positioning time of 1 minute, to position the patient to expose and stabilize the multiple lesions to be treated and pre-service scrub, dress, wait time of 1 minute for the physician to put on the mask and prepare the patient's treatment area. Finally, the RUC discussed the medical necessity for an Evaluation and Management (99212) within the 10 day global period for this code. The typical patient is a teenager who will often need to return due to the management of medication, including changing topical treatment and/or adjusting retinoid dosage. Patients also may have new lesions that need to be treated within the global period. The specialty society also noted that the survey respondents indicated a 99213 office visits was typical, but the expert panel reduced the visit to a 99212 to better align with clinical appropriateness.

The RUC reviewed the specialty society's recommended work value and agreed that the survey's 25<sup>th</sup> percentile work RVU of 0.91, lower than the current work RVU is, is appropriate. To justify a work RVU of 0.91, the RUC compared the survey code to second key reference service 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* (work RVU= 0.97, intra time= 10 minutes) and agreed that since both these codes have identical intra-service time and comparable physician work, both services should be valued similarly. The RUC also noted that the median intra-service time of 10 minutes is a reduction of 4 minutes from the current intra time. However, the current time source is Harvard, which assigned time for this service over 25 years ago, in a process that did not rise to the robust survey requirements currently followed by the RUC. The RUC also determined that there has been no change in the intensity of this procedure. The lowering of the IWPOT to 0.0265 is a direct result of the inclusion of a full 99212 post-operative Evaluation and Management service. Previously a half-day 99212 service was included by the Harvard study, whereas the RUC and CMS no longer include fractions of post-operative office visits. **The RUC recommends a work RVU of 0.91 for CPT code 10040.**

**Practice Expense:**

The clinical labor time duplicative of the Evaluation and Management code that is typically performed with this service was removed. Also, 1 *pack, minimum multi-specialty visit*, SA048 was added for a total of 2, 1 for the service and one for the post-operative visit and corrected the type of scalpel used. Additionally, equipment item *mayo stand*, EF015 was added. The RUC approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

**Work Neutrality**

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	010	0.91

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code:10040

Tracking Number

Original Specialty Recommended RVU: **0.91**Presented Recommended RVU: **0.91**

Global Period: 010

RUC Recommended RVU: **0.91**

CPT Descriptor: Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 16-year-old female comes to the office with stage 3 to 4 acne inclusive of multiple open comedones, inflammatory papules, pustules and some small cysts. Acne surgery is indicated. This is done by extraction of comedones, and by gentle lancing and drainage of the pustular component of acne lesions. The site of the treatment is cleaned. A follow-up visit is scheduled.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 100%

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? 5%

Description of Pre-Service Work: Review the patient's records, particularly any medications that might promote bleeding or scarring. Review physical and pharmacological options for the treatment of comedones and inflammatory cysts and the risk and benefits of each approach. Identify operative areas. Verify that all required instruments and supplies are available. Assist with and verify appropriate positioning. Drape and prepare site. Scrub and gown and glove

Description of Intra-Service Work: Select appropriate comedone extractor (size and type) for the first lesions to be treated. Using a scalpel, lightly incise the top of the top of the inflammatory cyst or comedone and follicular orifice collar. Using the extractor, apply pressure, while exerting appropriate traction on the surrounding skin, until the contents are expressed. Apply pressure until hemostasis is achieved, or apply hemostatic agent as needed. Repeat this process on all other appropriate lesions. Then, select the next appropriate extractor based on the next group of lesions to be treated, and repeat the process outlined previously.

Description of Post-Service Work: Apply appropriate ointment and sterile dressing. The patient will be examined in the office within a few days to assess wound healing by checking re-accumulation of follicular contents, degree of residual inflammation, completeness of apparent resolution of treated lesions and induction of lesions in the surrounding skin. Discuss changes in use of topical anti-acne therapies, if appropriate.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Daniel M Siegel,M.D. and Adam Rubin, M.D.				
<b>Specialty(s):</b>	Dermatology				
<b>CPT Code:</b>	10040				
<b>Sample Size:</b>	400	<b>Resp N:</b>	35	<b>Response:</b>	8.7 %
<b>Description of Sample:</b>	Randomly selected AAD members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	11.00	<b>24.00</b>	65.00	1000.00
<b>Survey RVW:</b>	0.70	0.91	<b>1.08</b>	1.22	2.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>2.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>2.00</b>		
<b>Intra-Service Time:</b>	3.00	5.00	<b>10.00</b>	15.00	20.00
<b>Immediate Post Service-Time:</b>	<b>3.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>23.00</b>	99211x 0.00	12x 0.00	13x 1.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

<b>CPT Code:</b>	10040	<b>Recommended Physician Work RVU: 0.91</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>3.00</b>	<b>7.00</b>	<b>-4.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>1.00</b>	<b>0.00</b>	<b>1.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>1.00</b>	<b>1.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>10.00</b>			
<b>Please, pick the <u>post-service</u> 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)</b> N/A Survey Code is Non-Facility				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>3.00</b>	<b>0.00</b>	<b>3.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>16.00</u>	99211x 0.00	12x 1.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
10060	010	1.22	RUC Time

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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
17111	010	0.97	RUC Time

CPT Descriptor Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
11400	010	0.90	RUC Time	32,618

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 42.8 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 17.1 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>10040</u>	Top Key Reference CPT Code: <u>10060</u>	2nd Key Reference CPT Code: <u>17111</u>
Median Pre-Service Time	5.00	16.00	3.00
Median Intra-Service Time	10.00	15.00	10.00
Median Immediate Post-service Time	3.00	10.00	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	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
<b>Median Total Time</b>	<b>34.00</b>	<b>57.00</b>	<b>31.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.13	-0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.47	0.00
Urgency of medical decision making	-0.60	0.00
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.40	0.33

Physical effort required	-0.07	0.67
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	-0.67	0.00
Outcome depends on the skill and judgment of physician	0.40	0.17
Estimated risk of malpractice suit with poor outcome	0.00	0.50

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.20	0.67
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

The Acne surgery code (10040) was captured by the Harvard valued with utilization over 30,000 screen based on the 2014 Medicare claims data. The RUC requested the American Academy of Dermatology Association (AADA) to survey the code for April 2016 meeting. AADA conducted a random RUC survey of members. The survey sample size was 400 with 35 survey responses. The expert panel reviewed the survey result recommended the following RVUs and Times for the RUC's review.

**RVUs**

We recommend 0.91 RVUs, which is the 25<sup>th</sup> percentile of survey result. This value is lower than the current RVUs of this code which is 1.21 RVUs. Furthermore, the recommended RVU is lower than the Key reference code 10060, *incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single*, which has 1.22 RVUs. Currently, the code has 7 minutes of Evaluation time, 14 minutes of Intra service time, and 7 minutes of post service time.

**Times**

We are recommending pre-service time package 5. This procedure is typically performed with an E&M service. The code is reported along with CPT code 99212 78% of the time.

We are recommending 3 minutes for evaluation by removing 4 minutes from the standard package time. The expert panel recommends 2 minutes for positioning time because the patients need to be positioned to expose and stabilize the multiple lesions that are being treated, and we also recommend including 1 additional minute to the standard package time (2 minutes) for dress, scrub and wait time based on the median survey result. The treatment areas need to be prepped in sterile fashion.

We are recommending median survey time of 10 minutes for intra service time. And 3 minutes for post service based on the median post survey time.

#### Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
10060 (KRS)	1.22	0.0153	41	16	15	10
10040	0.91	0.0235	20	7	10	3

In conclusion, the expert panel recommends a **pre-service time of 7 minutes, an intra-service time of 10 minutes, and a post-service time of 3 minutes for a total of 20 minutes.**

#### SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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 code is commonly reported with E&M code 99212.

- 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) 10040

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 90000



If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Dermatology	Frequency 70000	Percentage 77.77 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
31,445 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
Please explain the rationale for this estimate. The estimation is based on the 2014 Medicare utilization rate.

Specialty Dermatology	Frequency 24835	Percentage 78.97 %
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Specialty Physician Assistant	Frequency 2701	Percentage 8.58 %
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Specialty NursePractitioners	Frequency 1333	Percentage 4.23 %
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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:

Skin

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### **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 10040

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

## SS Rec Summary

	A	B	C										D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS
13	ISSUE: Acne Surgery - 10040																																																					
14	TAB: 13																																																					
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					FAC-obs				Office					Prolonged				SURVEY EXPERIENCE															
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX									
17	1st REF	10060	Incision and drainage of abscess; sim		0.0153			1.22			57	8	3	5			15			10																																		
18	2nd REF	11400	Excision, benign lesion including mar		0.0196			0.90			36	5					10			5																																		
19	CURRENT	10040	Acne surgery (eg, marsupialization, op		0.0469			1.21			36	7					14			7																																		
20	SVY	10040	Acne surgery (eg, marsupialization, op		0.0360	0.70	0.91	1.08	1.22	2.00	38	5	2	2	3	5	10	15	20	3																																		
21	REC	10040	Acne surgery (eg, marsupialization, op		0.0265			0.91			34	3	1	1			10			3																																		
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13, 43, & 44  
Tab Number

Acne Surgery,  
Photodynamic Therapy  
Photochemotherapy

\_\_\_\_\_  
Issue

10040, 96910, & 96567  
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

Daniel M. Siegel  
Printed Signature

American Academy of Dermatology  
Specialty Society

April 4, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

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

Global Period: 010 Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

AADA convened a RUC expert panel to review the current Practice Expense data and practice patterns to make a recommendation.

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 10060 is selected as the reference code because it was the code that was chosen as the key reference code by the physician work surveyors.

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:

- Prepare room, equipment and supplies
- Greet patient and provide gowning
- Obtain vital sign
- Assist in positioning the patient

Intra-Service Clinical Labor Activities:

- Assist the physician in performing the procedure
- Help in keeping the patient in a stable position
- Assist in passing gauze and instruments to physician
- Holding pressure for hemostasis

Post-Service Clinical Labor Activities:

- Clean room
- Complete diagnostic forms
- Check dressings and operative areas
- Coordinate office visits and prescriptions

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE		REFERENCE CODE		Current Recommendation	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			10060		10040		10040	
3	Meeting Date: April 2016 Tab: 13 Specialty: Dermatology	CMS Code	Staff Type	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous		Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts,		Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts,	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			010	010	010	010	010	010
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	71.0	63.0	29	20	46.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	30.0	0	0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	44.0	6.0	15	6	19.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	27.0	27.0	14	14	27.0	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	0	5				
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10				
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5				
15	Provide pre-service education/obtain consent				7				
16	Follow-up phone calls & prescriptions				3				
17	Other Clinical Activity - specify:								
18	End: When patient enters office/facility for surgery/procedure								
19	SERVICE PERIOD								
20	Start: When patient enters office/facility for surgery/procedure:								
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		0	
22	Review Charts	L037D	RN/LPN/MTA	2		1			
23	Obtain vital signs	L037D	RN/LPN/MTA	3				0	
24	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		2			
25	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	5		2		2	
26	Setup scope (non facility setting only)								
27	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	3				2	
28	Sedate/apply anesthesia								
29	Other Clinical Activity - specify:								
30	Intra-service								
31	Assist physician in performing procedure	L037D	RN/LPN/MTA	13		5		10	
32	Assist physician/moderate sedation (% of physician time)								
33	Post-Service								
34	Monitor pt. following moderate sedation								
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)								
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)								
37	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		2		3	
38	Clean Scope								
39	Clean Surgical Instrument Package	L037D	RN/LPN/MTA						
40	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2					
41	Review/read X-ray, lab, and pathology reports								
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	5				2	
43	Other Clinical Activity - specify:								
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a	6	n/a	6	n/a	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a	
47	End: Patient leaves office								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE		REFERENCE CODE		Recommendation	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			10060		10040		10040	
3	Meeting Date: April 2016 Tab: 13 Specialty: Dermatology	CMS Code	Staff Type	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous		Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts,		Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts,	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			010	010	010	010	010	010
48	POST-SERVICE Period								
49	Start: Patient leaves office/facility								
50	Conduct phone calls/call in prescriptions								
51	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits
52	99211 16 minutes		16						
53	99212 27 minutes		27	1	1	0.5	0.5	1	
54	99213 36 minutes		36						
55	99214 53 minutes		53						
56	99215 63 minutes		63						
57	Total Office Visit Time			27.0	27.0	13.5	13.5	27.0	0.0
58	Other Clinical Activity - specify:								
59	End: with last office visit before end of global period								
60	MEDICAL SUPPLIES*	CODE	UNIT						
61	pack, minimum multi-specialty visit	SA048	pack	2	1			2	
62	drape, sterile, fenestrated 16in x 29in	SB011	item	1				1	
63	gloves, sterile	SB024	pair	1					
64	mask, surgical	SB033	item	1		1		0	
65	needle, 18-27g	SC029	item	1					
66	Syringew-needle, OSHA compliant	SC058	item	1					
67	scalpel, safety, surgical, with blade (#10-20)	SF047	item	0		0		1	
68	scalpel with blade, surgical (#10-20)	SF033	item	1		1		0	
69	bandage, Kling, non-sterile 2in	SG017	item	1	1				
70	dressing, 3in x 3in (Adaptic)	SG034	item	1					
71	gauze, sterile 3in x 3in	SG054	item	10	6				
72	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	20					
73	ethyl chloride spray	SJ025	oz	1					
74	hydrogen peroxide	SJ028	ml	20	10	20		20	
75	povidone soln (Betadine)	SJ041	ml	10	10	10		10	
76	swab-pad, alcohol	SJ053	item	2					
77	gloves, non-sterile	SB022	pair			1			
78	paper, exam table	SB036	foot			14			
79	comedone extractor	SF022	item			1		1	
80	silver nitrate applicator	SJ046	item			1		1	
81	gauze, sterile 4in x 4in (10 pack uou)	SG056	item			5		5	
82	drape, sterile, for Mayo stand	SB012	item					1	
83	gown, staff, impervious	SB027	item					2	
84	mask, surgical, with face shield	SB034	item					2	
85	bacitracin oint (15gm uou)	SJ008	item					1	
86	applicator, cotton-tipped, sterile, 6in	SG081	item					5	
87	EQUIPMENT	CODE							
88	light, exam	EQ168		71	27	28		46	
89	Mayo Stand	EF015						19	
90	table, power	EF031		71	27	28		46	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*High Level E/M in Global Period\**

April 2016

**Muscle Flaps**

In October 2015, CPT codes 15732 and 15734 were identified under the High Level E/M screen for services with Medicare utilization greater than 10,000 that has a 99214 included in the global period. The RAW requested that the specialty societies submit an action plan to justify the 99214 visit and review if the family of services also have a 99214 included in the global periods. The RUC noted that a 99214 office visit is included for 15732 and 15736 but not included in the other codes in this family.

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

The specialty societies explained that, as also indicated by the three previous surveys for this procedure, the new survey results indicate the typical patient will have inpatient status (72%) and the typical length of stay will be four days. As in the past, this conflicts with the Medicare utilization data that shows the primary place of service as the outpatient hospital setting. Therefore, the specialty societies determined that the code needs to be referred to the CPT Editorial Panel to better differentiate and describe the work of large flaps performed on patients with head and neck cancer who will have inpatient status. This is in contrast to smaller flaps that may be accomplished in an office or outpatient setting and to differentiate from procedures that would be best coded by the adjacent tissue transfer codes. In addition, during the discussion, CMS requested that CPT code 15731 be added to the family of codes for the subsequent RUC review. **The RUC recommends referral of CPT code 15732 to the CPT Editorial Panel. Additionally, CPT code 15731 will be added as part of the family for review.**

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

Prior to reviewing the survey data for this procedure, the RUC considered compelling evidence that the current work RVU of 19.86 may be incorrect. The specialty societies detailed two compelling evidence arguments. First, a flawed methodology was used in the previous valuation. During the last valuation at the third Five-Year Review, plastic surgery was the only specialty to conduct a survey, and only 21 responses were collected. At that time, plastic surgery represented approximately 80% of the total utilization of CPT code 15734. Currently, 2015 Medicare utilization shows plastic surgery and general surgery as equally performing this service (43% and 42%, respectively). Furthermore, accounting for other specialties similar to general surgery (colorectal, surgical oncology, vascular, etc), who are performing the procedure for the same indications, the dominant provider has shifted. Second, the patient population and technique has changed. General surgeons are now performing this procedure to close large, complex abdominal defects that cannot be closed primarily. This is a new surgical procedure that was not performed at the time of the last review. During the previous valuation, plastic surgeons were primarily using this procedure to repair chest wall defects. Given this information, the RUC approved compelling evidence that the current work value for CPT code 15734 may be incorrect.



The RUC reviewed the survey results from 41 general and plastic surgeons and recommends the following physician time components: pre-service time of 75 minutes, intra-service time of 180 minutes and immediate post-service time of 30 minutes. The RUC agreed to add 12 minutes of positioning time above the standard package because the typical patient undergoing a latissimus muscle flap will be positioned supine, then lateral as the procedure progresses. The typical patient undergoing a rectus abdominis flap will require additional time related to a vacuum assisted dressing in place that will need to be taken down. The RUC also recommend the following post-operative visits: four hospital visits (1 x 99233, 2 x 99232, 1 x 99231), one discharge day management service 99238, and five office visits (1 x 99214, 2 x 99213, 2 x 99212). The RUC discussed the need for a higher level Evaluation and Management service (99214) for the first post-operative visit and agreed it was appropriate. The patient has an extensive dressing (for both the flap and the donor site) that has to be taken down. The process is complex and intense due to concern about not disturbing the blood supply to the flap, as well as not disturbing the skin graft. Finally the RUC noted the increase to two 99232 hospital visits in the global period and confirmed that this visit is in fact typical and was captured, by the survey respondents, as performed in the post-operative period and not on the same day of the surgery.

The RUC reviewed the specialty societies' recommendation and agreed that the survey median work RVU of 23.00 reflects the additional intra-operative time and additional postoperative hospital work for CPT code 15734. To justify a work RVU of 23.00, the RUC compared the surveyed code to the primary key reference code 22905 *Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater* (work RVU= 21.58, intra time= 150 minutes) and determined that code 15734 is similar in time and intensity. The RUC also considered the second key reference service 27364 *Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater* (work RVU= 24.49, intra time= 180 minutes) and agreed that CPT code 15734 is more work and should be valued higher. Finally, the RUC noted that the increase in work RVUs is further substantiated by the increase in intra-service time, from 163 minutes to 180 minutes, and total time, from 524 minutes to 596 minutes. **The RUC recommends a work RVU of 23.00 for CPT code 15734.**

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

The RUC reviewed the survey results from 46 practicing general, plastic, and hand surgeons and recommends the following physician time components: pre-service time of 72 minutes, intra-service time of 150 minutes and immediate post-service time of 30 minutes. The RUC agreed to add 9 minutes of positioning time above the standard package to monitor and/or assist with patient positioning, including padding of bony prominences, application of thermal regulation drapes, assessing position of extremities and head and adjusting as needed, positioning the patient's arm on the hand surgery table, applying a sterile tourniquet to the proximal arm, elevating the arm and exsanguinating the arm, and inflating the pneumatic tourniquet. The RUC noted that total positioning time of 12 minutes is consistent with many other recently reviewed upper extremity procedures. The RUC also recommend the following post-operative visits: one-half discharge day management service 99238 that is consistent with outpatient facility status and five office visits (1 x 99214, 3 x 99213, 1 x 99212). The RUC discussed the need for a higher level Evaluation and Management service (99214) for the first post-operative visit and agreed it was appropriate. The patient's comfort and adherence to the postoperative regimen is discussed. The extremity edema, circulation, sensation and motor function are assessed. The splint is removed, but the arm is supported. The superficial dressing is removed. The viability of the flap is assessed. The wound is checked for any sign of infection. The non-stick dressing covering the skin graft is very carefully separated from the graft while protecting the graft with cotton swabs. A new non-stick dressing is

applied to the flap. A new dressing is applied to the arm. The donor site is evaluated and redressed. Pain is assessed and adjustments to medications are made as needed. The patient care plan is reviewed with the patient and family. Communication with the referring physician is completed. The medical record is completed. It is typical for this visit to take upwards of one hour.

The RUC reviewed the specialty societies' recommendation and agreed that the current work RVU of 17.04, which is between the survey's 25<sup>th</sup> percentile and median work values, is appropriate. The RUC agreed with the specialties that the work and total time has not changed; the intra-operative time is the same and the facility work has shifted to higher level office work. To justify a work RVU of 17.04, the RUC compared the surveyed code to the primary key reference code 24160 *Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components* (work RVU= 18.63, intra time= 120 minutes) and agreed that while code 15736 has 30 additional minutes of intra-service time, the reference code has more post-operative visits and is a more intense procedure. Therefore, the surveyed code is valued appropriately slightly less than the key reference service. Additionally, the RUC reviewed a broad range of 090 day global outpatient procedures recently reviewed by the RUC and agreed that the current work RVU of 17.04 appropriately fits in this range. Specifically, CPT codes 49655 *Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated* (work RVU= 16.84, intra time= 150 minutes) and 42415 *Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve* (work RVU= 17.16, intra time= 150 minutes) offer appropriate brackets around the recommended value. **The RUC recommends a work RVU of 17.04 for CPT code 15736.**

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

The specialties presented compelling evidence of a flawed methodology in the previous survey. The specialties indicated that the survey instrument in 1995 requested total hospital time and number of visits, but not level of visits. Then, when level of visits was necessary for the first five-year review of practice expense, a CMS contractor transformed the postoperative time into visit levels using an algorithm based on intra-service time. This resulted in all low level hospital and office visits being assigned to code 15738. The current survey indicates that the hospital and office visit work was underestimated and that increases in the value for E/M codes over the years were not correctly incorporated in the global code value for 15738. The RUC rejected this compelling evidence citing that the RUC survey has evolved over time and that an old RUC survey instrument is not compelling evidence of a flawed methodology.

The RUC reviewed the survey results from 39 plastic surgeons and recommends the following physician time components: pre-service time of 70 minutes, intra-service time of 150 minutes and immediate post-service time of 30 minutes. The RUC agreed to add 12 minutes of positioning time above the standard package to adequately position the patient with the leg extended lateral or the patient positioned prone. In addition, these patients will require a significant amount of effort to transfer from the hospital bed to the operating room bed because there is commonly a vacuum-assisted dressing in place that will need to be taken down. The RUC also recommend the following post-operative visits: four hospital visits (2 x 99232, 2 x 99231), one discharge day management service (99238), five office visits (4 x 99213, 1 x 99212).

The RUC reviewed the survey respondents' estimated physician work values and noted that the current work RVU of 19.04, slightly above the 25<sup>th</sup> percentile work RVU of 19.00 should be maintained since compelling evidence was not accepted. The RUC compared the surveyed code to the second key reference code 22905 *Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater* (work RVU= 21.58, intra time= 150 minutes) and agreed that while both services have identical intra-service time, the reference code has less total time, but may be more intense. **The RUC recommends a work RVU of 19.04 for CPT code 15738.**

**Practice Expense:**

The large amounts of supplies (eg, gauze, etc. were reviewed). However, the specialties explained that the wounds are large and complex for these patients and the large quantities of supplies are appropriate. The specialties provided details of quantities required on a visit by visit basis. The RUC approved the direct practice expense inputs as submitted by the specialty without modification and reviewed and approved by the PE Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
15731(f)	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	090	Refer to CPT Sept 2016
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	090	Refer to CPT Sept 2016
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	090	23.00
15736 (f)	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	090	17.04 (No Change)
15738 (f)	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	090	19.04 (No Change)

April 5, 2015

Peter Smith, MD, FACS  
Chair, AMA/RUC  
American Medical Association  
330 N. Wabash Ave.  
Chicago, IL 60611

**Subject: Tab 14 – CPT Code 15732**

Dear Dr. Smith:

On behalf of the American Society of Plastic Surgeons (ASPS), I am writing in regards to code 15732 *Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)* included in Tab 14 (Muscle and Skin Graft) for the April 2016 RUC meeting.

### **Background**

In 1995, for the first five-year review, codes 15732-15738 were identified by the CMDs as potentially misvalued. The ASPS and American Academy of Otolaryngology - Head and Neck Surgery (AAOHNS) conducted a RUC survey that resulted in data indicating that the typical patient was in the hospital for 5 days (ie, inpatient). The RUC and CMS accepted the survey results.

In 2005, for the third five-year review, code 15732 was identified as potentially misvalued because the service had been valued as an inpatient service and Medicare data indicated it was performed as an outpatient service. After a survey by ASPS and AAOHNS, and RUC discussion, it became apparent that this code described two disparate procedures, allowing both superficial repairs and repair of more serious cancer defects to be reported with 15732. The societies reported that these patient populations require different work, one group of patients are typically provided the service in the inpatient setting and the other group are treated in the outpatient setting. The RUC directed plastic surgery to coordinate with otolaryngology and ophthalmology to develop a coding proposal to specifically identify these different services as new CPT codes. Code 15732 was referred to the CPT Editorial Panel.

For CPT 2007, new code 15731 was created to describe axial pattern forehead flaps, which previously were billed using 15732 and are commonly outpatient procedures. With this revision, the outpatient percentage was expected decrease for 15732 in future claims data (2007 and beyond). The ASPS recommended that the hospital inpatient visits and discharge day be retained until further data is collected for 15732. The RUC agreed to maintain the visits and re-review when three years of utilization data were available.

In 2010, for the fourth five-year review, code 15732 was again identified by CMS as potentially misvalued through the Site of Service Anomaly screen. The ASPS and AAOHNS conducted another survey and 79% of the survey respondents indicated that 15732 is an inpatient service. The societies indicated that the typical patient is unstable and may even

require critical care services. The societies also indicated that this service should not be performed in the outpatient setting and miscoding is the cause for the outpatient claims. The RUC and specialties agreed that additional coding education needs to take place and agreed to develop a CPT Assistant article. In addition, another separate CPT code may be required. It was noted that ophthalmologists would need to lead the CPT education/proposal efforts. The RUC recommended maintaining the inpatient visits and reduced the work RVU slightly to the survey median. CMS disagreed with this recommendation and removed the inpatient visits and work RVUs using reverse building block and assigned 0.5 x 99238 for discharge management. The work RVU was reduced by 18% from 19.90 to 16.38.

More recently, the RAW identified that a 99214 office visit is included in the work of 15732 and 15736 but not included in the other codes in this family. The RAW recommended that the specialty societies survey the entire family (15732-15738) for April 2016.

### **Survey Results for 15732**

For the current survey of 15732, although ophthalmology and otolaryngology comprise 50% of the utilization, only ASPS indicated an interest to survey. A survey was conducted by ASPS and 47 responses were received (see attached RUC Summary Excel file). Similar to the three previous RUC surveys, the results indicate the typical patient will have inpatient status (72%) and the typical length of stay will be four days. The survey intraoperative time of 150 minutes has also not changed from the previous three surveys. The ASPS believes that this is the correct time and visit information related to 15732 when it is correctly reported.

### **Recommendation for 15732**

The ASPS expert panel discussed the survey results and determined that they cannot present the same time and visit data to the RUC that has been presented during the past three reviews. We believe code 15732 needs to be referred to CPT to better differentiate and describe the work of large flaps performed on patients with head and neck cancer who will have inpatient status and be similar to the other procedures in this family. This is in contrast to smaller flaps that may be accomplished in an office or outpatient setting and would be best coded by the adjacent tissue transfer codes. We request that the RUC refer this code to CPT to accomplish these goals.

I look forward to answering any RUC member questions at the upcoming meeting.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Villa', with a stylized flourish at the end.

Mark Villa, MD  
ASPS RUC Advisor

Attachment

ISSUE: Muscle and Skin Graft  
TAB: 14

					RVW					Total Time	PRE			INTRA				POST-FACILITY				POST-OFFICE					SURVEY EXPERIENCE				TYP?		
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	33	32	31	38	15	14	13	12	11	MIN	25th		MED	75th
REF1	27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	9	0.071			24.49			550	40	20	20		180			30		2	2	1.0		1	2	1							
REF2	42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	6	0.078			19.53			383	40	12	20		180			50				0.5		2	1								
current	15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)		0.061			16.38			403	40	12	20		150			60				0.5		1	2	1							
SVY	15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	47	0.063	15.25	18.25	21.58	24.25	39.00	540	70	20	15	90	120	150	195	300	30	1	1	1	1		1	2	1	0	2	5	10	100	96%

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 15734	Tracking Number	Original Specialty Recommended RVU: <b>23.00</b>
		Presented Recommended RVU: <b>23.00</b>
Global Period: 090		RUC Recommended RVU: <b>23.00</b>
CPT Descriptor: Muscle, myocutaneous, or fasciocutaneous flap; trunk		

### CLINICAL DESCRIPTION OF SERVICE:

#### Vignette Used in Survey:

Vignette 1: A patient with a history of radiation therapy develops a large open wound of the chest with exposure of several ribs resulting in a defect that is too large to close with a complex repair or adjacent tissue transfer. The defect is reconstructed with a pedicled muscle flap (eg, latissimus).

Vignette 2: A trauma patient with multiple injuries initially undergoes a damage-control laparotomy with hemorrhage control, bowel resection and temporary abdominal closure. At the time of definitive closure of the abdomen, a wide gap between the opposing fascial edges in the abdominal wall has developed. A pedicled muscle flap (eg, rectus abdominis) is elevated and transposed to close the defect.

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 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 28% , Overnight stay-more than 24 hours 72%

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 62%

#### 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: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of deep vein thrombosis (DVT) prophylaxis. Write orders for preoperative medications including beta blockers if indicated. Review results of admission testing and imaging. Meet with patient and family to review planned procedure and postoperative management. Mark site and side of proposed skin incision and confirm with patient. Review and obtain informed consent with patient, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Verify areas surrounding skin incisions to be prepared and draped. Scrub and gown. Perform surgical time out with operating surgical team and anesthesia team.

Description of Intra-Service Work: Pedicled latissimus muscle flap: After the extirpative part of procedure has been completed, further dissection is performed through the defect into the axilla to identify and confirm the patency of the thoracodorsal pedicled. Any necessary tunnel between the defect and the axilla is created. The appropriate measurements of the defect are obtained and a plan for size of flap is confirmed. A sterile dressing is placed over the chest wall defect (this portion of the procedure is typically performed in a supine position). The drapes are removed and the patient is then reposition in a lateral decubitus position to allow for access to the back donor site. Make incision over latissimus muscle.

Carry dissection down to fascia, which is elevated off the muscle. Expose anterior and posterior borders of muscle and continue dissection inferiorly until enough length is obtained to reach the defect. Then divide inferior portion of the muscle, elevate muscle off the chest wall, and isolate on thoracodorsal vascular pedicle. Enlarge the tunnel to accommodate muscle flap. Transpose the flap from the back to the chest and re-assess the vascular pedicle. Inset flap into the chest-wall defect and suture in place after placement of a closed suction drain. Close donor site primarily over suction drains. [Wound coverage is completed with an appropriate skin graft that is separately reported.

**Pedicled rectus abdominis muscle flap:** The temporary abdominal dressing is removed and the extent of necessary additional mobilization to achieve closure is determined. After determining the extent of the rectus abdominis flap necessary to close the defect, a skin flap is raised from the costal margin to the inguinal ligament and posterolaterally to the anterior axillary line taking care to preserve perforating vessels and nerves. The external oblique aponeurosis is incised as a myofascial release is completed the entire length of the rectus muscle lateral to the linea semilunaris. The release is carried up over the costal margin and the fascia is incised onto the ribs. The plane between the internal and external oblique muscles is dissected with blunt dissection to mobilize the flap along the length of the myofascial release taking care not to injure any nerves to the muscular flap or compromise the blood supply. An additional release may be needed in the posterior rectus sheath allowing additional advancement as required. The rectus muscles are then re-approximated at the midline with running suture. (If mesh is placed for reinforcement, this is reported separately) Drains are placed beneath the skin flaps and are sutured in position. After assuring hemostasis and viability of the rectus muscle flap, the skin edges are re-approximated at the midline in layers.

**Description of Post-Service Work:** Through discharge from recovery: Apply sterile dressings. Monitor patient during reversal of anesthesia, protecting the wound with a hand so that wound disruption does not occur with an unrestrained cough. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from the OR to the recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Instruct nursing staff in care of drains, tubes, and other devices. Review postoperative laboratory results. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Discharge patient from recovery room to surgical ward. Write patient-care orders and discuss floor care with nursing staff.

**Inpatient visits:** Review interval chart notes. Talk with patient and family. Take down dressings. Evaluate flaps for viability and wound for infection. Assess drain output. Redress wound. For latissimus flap, assess extremity for edema, circulation, sensation and motor function. For rectus abdominis flap, assess bowel function, advance diet as appropriate. Assess pain score and order medications, as required. Continue prophylaxis for DVT. Assess need for beta blockers, order as required. Assess need for antibiotics, order as required. Write orders for patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing and/or other staff questions.

**Discharge management:** Review interval chart notes. Talk with patient and family. Take down dressings. Evaluate flaps for viability and wound for infection. Assess drain output. Redress wound. For latissimus flap, assess extremity for edema, circulation, sensation and motor function. For rectus abdominis flap, assess bowel function. Assess pain score and order medications, as required. Assess need for beta blockers, order as required. Assess need for antibiotics, order as required. Discuss home restrictions (ie, diet, activity, bathing) and care of drain with patient and family members. Medications are reconciled and orders for discharge medications are written. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

**Office visits:** Talk with patient and family. Take down dressings. Evaluate flaps for viability and wound for infection. Assess drain output and remove when appropriate. Remove staples/sutures when appropriate. Redress wound. For latissimus flap, assess extremity for edema, circulation, sensation and motor function. Order therapy, as required. Review with patient and family the need for post-mastectomy reconstructive procedures. For rectus abdominis flap, assess bowel function. Assess pain score and order medications, as required. Answer patient and family questions and reinforce instructions on wound care, activity, and bathing. Enter progress notes into medical record. Discuss progress with PCP.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Mark Villa, MD; Charles Mabry, MD, FACS				
<b>Specialty(s):</b>	ASPS, ACS				
<b>CPT Code:</b>	15734				
<b>Sample Size:</b>	1087	<b>Resp N:</b>	41	<b>Response:</b> 3.7 %	
<b>Description of Sample:</b>	ACS: random sample from the ACS membership database of self identified general surgeons ASPS: random sample from the ASPS membership database of self identified reconstructive plastic surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	<b>8.00</b>	15.00	40.00
<b>Survey RVW:</b>	16.00	21.58	<b>23.00</b>	24.75	32.00
<b>Pre-Service Evaluation Time:</b>			<b>60.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>20.00</b>		
<b>Intra-Service Time:</b>	90.00	160.00	<b>180.00</b>	210.00	500.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>155.00</b>	99231x 1.00	99232x 2.00	99233x 1.00	
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>118.00</b>	99211x 0.00	12x 2.00	13x 2.00	14x 1.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	15734	<b>Recommended Physician Work RVU: 23.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	15.00	3.00	12.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	20.00	20.00	0.00	
<b>Intra-Service Time:</b>	180.00			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	33.00	-3.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>155.00</u></b>	99231x <b>1.00</b>	99232x <b>2.00</b>	99233x <b>1.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>38.00</u></b>	99238x <b>1.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>118.00</u></b>	99211x <b>0.00</b>	12x <b>2.00</b>	13x <b>2.00</b>	14x <b>1.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
27364	090	24.49	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22905	090	21.58	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55866	090	21.36	RUC Time	13,196

CPT Descriptor 1 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	63,820

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 34.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 12      % of respondents: 29.2 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>15734</u></b>	<b>Top Key Reference CPT Code: <u>27364</u></b>	<b>2nd Key Reference CPT Code: <u>22905</u></b>
Median Pre-Service Time	75.00	80.00	63.00
Median Intra-Service Time	180.00	180.00	150.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	155.0	120.00	80.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	118.0	102.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>596.00</b>	<b>550.00</b>	<b>463.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.93	0.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.93	0.67
Urgency of medical decision making	0.43	0.50
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	1.29	1.00
Physical effort required	1.36	0.92

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.14	1.00
Outcome depends on the skill and judgment of physician	1.07	0.75
Estimated risk of malpractice suit with poor outcome	0.86	0.08

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.21	0.92
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Code 15734 was identified through a screen for services with Medicare utilization greater than 10,000 that include a 99214 in the global period.

**Compelling Evidence**

Flawed methodology - 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.

Code 15734 was identified by CMS as a high volume Harvard-valued code that was potentially misvalued as part of the third five-year review in 2005. The 2003 Medicare data indicated plastic surgery as the dominant provider at approximately 80%, followed by general surgery, otolaryngology, and cardiothoracic surgery in small percentages. ASPS agreed to survey 15734 and a vignette was developed for a non-Medicare aged patient with a history of breast cancer treated with mastectomy followed by radiation therapy resulting in a large nonhealing radiation ulcer of the left lateral chest that was reconstructed with a pedicled latissimus muscle flap. The survey conducted by ASPS resulted in 21 responses (ie, less than 30) with an indication on the survey that work had not changed. The survey data from the 21 respondents was accepted as similar to Harvard data and the work RVU was maintained. Current information for code 15734 indicates a shift in the surgeons who provide the service. Specifically, plastic surgeons and general surgeons currently have almost equal utilization as more general surgeons perform muscle flaps to close large abdominal defects that cannot close primarily. **We believe that utilization changes in the typical provider meets compelling evidence that 15734 may not be correctly valued.**

**Survey Process**

**For CPT code 15734, please select one of the typical patients described below.** When completing this survey, consider the physician work related to the typical patient you have chosen.

- ☐ **Patient 1:** A patient with a history of radiation therapy develops a large open wound of the chest with exposure of several ribs resulting in a defect that is too large to close with a complex repair or adjacent tissue transfer. The defect is reconstructed with a pedicled muscle flap (eg, latissimus).
- ☐ **Patient 2:** A trauma patient with multiple injuries initially undergoes a damage-control laparotomy with hemorrhage control, bowel resection and temporary abdominal closure. At the time of definitive closure of the abdomen, a wide gap between the opposing fascial edges in the abdominal wall has developed. A pedicled muscle flap (eg, rectus abdominis) is elevated and transposed to close the defect

**Is your typical patient for 15734 similar to the typical patient described above?**

- ☐ Yes
- ☐ No. If no, please describe your typical patient for this service:

Muscle flaps on the trunk can involve the chest, the back, and/or the abdomen. Therefore, the ASPS and ACS recommended that two different typical patient vignettes be included in the survey instrument to accommodate a survey by both plastic surgeons and general surgeons who have almost equal utilization of the code. The Research Subcommittee approved the use of two vignettes for the survey process, one for a latissimus muscle flap and one for a rectus abdominis flap. The ASPS and ACS indicated that they believed the physician work for these vignettes were essentially equivalent and would allow survey participation by both specialties. The "typical patient" question on the survey instrument was modified as shown below to allow the survey respondent to choose a vignette for completion of the survey:

A survey request was sent to a random selection of 1,087 surgeons from the ASPS (reconstructive plastic surgeons) and ACS (general surgeons) membership databases. Forty-one responses were received with 26 respondents choosing vignette 1 and 15 respondents choosing vignette 2. The split in GS/PS for vignette 1 was 25% / 75% and for vignette 2 was approximately 50% / 50%. The RUC Summary Excel file shows combined data and data grouped by vignette.

### **Recommendation**

**We recommend the survey median work RVU of 23.00 for code 15734.** This work RVU which is slightly greater than the current value reflects the increased intra-service time and increased inpatient hospital work compared with the time and visit data from the previous review of 21 plastic surgeons.

### **Pre-time Package 4**

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). **Recommended times for the preservice categories are 40/15/20.** An additional 12 minutes has been added for positioning for a total of 15 minutes positioning time. This is consistent with the current survey data and the previous survey data. The typical patient undergoing a latissimus muscle flap will be positioned supine, then lateral as the procedure progresses. The typical patient undergoing a rectus abdominis flap will require a significant amount of effort to transfer from the hospital bed to the OR bed because there is commonly a vacuum assisted dressing in place that will need to be taken down. There may also be additional dressings or other management issues involved in transferring a multisystem trauma patient from the bed to the OR table (eg, the patient may be ventilated or have other trauma that needs to be accommodated during movement). Finally, consideration should also be given to prone positioning for flaps used for reconstruction of the midline and posterior trunk defects (eg, trapezius, latissimus dorsi, and the gluteus maximus).

### **Post-time Package 9b**

We recommend post-time package 9b (*General Anesthesia or Complex Regional Block/Complex Procedure*), with a reduction of 3 minutes to be consistent with the survey median.

### **Key Reference Service Comparison**

KRS codes 27364 and 22905 are familiar to both general surgeons and plastic surgeons. Both procedures represent significant intraoperative work and similar postoperative management. The recommended work RVU of 23.00 for code 15734 fits well between the KRS codes.

Year	CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	33	32	31	38	14	13	12
2009	<b>22905</b>	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	<b>21.58</b>	0.071	550	80	150	30		1	2	1	1	2	1
	<b>15734</b>	Muscle flap, trunk	<b>23.00</b>	0.054	596	75	180	30	1	2	1	1	1	2	2
2009	<b>27364</b>	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	<b>24.49</b>	0.078	463	63	180	30		2	2	1	1	2	1

### MPC Comparison

Survey code 15734 includes more postoperative hospital and office work than MPC code 55866 and significantly less hospital work than MPC code 33533.

Year	CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	91	33	32	31	38	14	13	12
2015	<b>55866</b>	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	<b>21.36</b>	0.074	442	68	180	30			1		1	1	2	
	<b>15734</b>	Muscle flap, trunk	<b>23.00</b>	0.054	596	75	180	30		1	2	1	1	1	2	2
2012	<b>33533</b>	Coronary artery bypass, using arterial graft(s); single arterial graft	<b>33.75</b>	0.096	682	95	158	40	1	3	1	1	1	1		1

### Other Comparison Codes

The table below presents all 90-day global inpatient procedures that have 180 minutes of intra-time that have been reviewed by the RUC since 2009. This list of codes support the recommended work RVU of 23.00 for code 15734.

Year	CPT	Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	91	33	32	31	38	39	14	13	12
2010	<b>35612</b>	Art byp subclav-subclavian	<b>20.35</b>	0.061	<b>485</b>	65	<b>180</b>	40			2	1	1			2	1
2014	<b>55840</b>	Extensive prostate surgery	<b>21.36</b>	0.071	<b>448</b>	51	<b>180</b>	33			1	1	1		1	2	
2014	<b>55842</b>	Extensive prostate surgery	<b>21.36</b>	0.071	<b>448</b>	51	<b>180</b>	33			1	1	1		1	2	
2015	<b>55866</b>	Laparo radical prostatectomy	<b>21.36</b>	0.074	<b>442</b>	68	<b>180</b>	30			1		1		1	2	
2010	<b>43333</b>	Transab esoph hiat hern rpr	<b>21.46</b>	0.061	<b>512</b>	63	<b>180</b>	30		1	2	1	1			2	
2010	<b>43334</b>	Transthor diaphrag hern rpr	<b>22.12</b>	0.058	<b>549</b>	80	<b>180</b>	30		1	2	2	1			2	
2009	<b>25170</b>	Resect radius/ulnar tumor	<b>22.21</b>	0.073	<b>470</b>	60	<b>180</b>	30			1	1	1		1	2	1
	<b>15734</b>	Muscle flap, trunk	<b>23.00</b>	0.054	<b>596</b>	75	<b>180</b>	30		1	2	1	1		1	2	1
2009	<b>27646</b>	Resect fibula tumor	<b>23.21</b>	0.067	<b>540</b>	80	<b>180</b>	40			2	1	1		1	2	1
2009	<b>24150</b>	Resect distal humerus tumor	<b>23.46</b>	0.074	<b>502</b>	72	<b>180</b>	30			1	2	1		1	2	1
2009	<b>27364</b>	Resect thigh/knee tum 5 cm/>	<b>24.49</b>	0.071	<b>550</b>	80	<b>180</b>	30			2	2	1		1	2	1
2015	<b>54438</b>	Replantation of penis	<b>24.50</b>	0.071	<b>531</b>	58	<b>180</b>	28		1	2		1			4	
2012	<b>23473</b>	Revis reconst shoulder joint	<b>25.00</b>	0.085	<b>488</b>	75	<b>180</b>	30			1	2	1			3	1
2009	<b>43281</b>	Lap paraesophag hern repair	<b>26.60</b>	0.107	<b>424</b>	70	<b>180</b>	30			1	1	1			2	

Year	CPT	Descriptor	RVW	IWPU T	Total	PR E	INTRA	POST	91	33	32	31	38	39	14	13	12
2011	<b>32670</b>	Thoracoscopy bilobectomy	<b>28.52</b>	0.098	<b>532</b>	75	<b>180</b>	30		2	1	1	1			1	1
2011	<b>32671</b>	Thoracoscopy pneumonectomy	<b>31.92</b>	0.092	<b>602</b>	75	<b>180</b>	30	1	2	1	1	1			1	1
2014	<b>33418</b>	Repair tcat mitral valve	<b>32.25</b>	0.101	<b>561</b>	63	<b>180</b>	33	1		2			1	2		
2010	<b>33647</b>	Repair heart septum defects	<b>33.00</b>	0.096	<b>614</b>	63	<b>180</b>	53	1	2	1	1	1		1		
2010	<b>33315</b>	Exploratory heart surgery	<b>35.00</b>	0.106	<b>621</b>	63	<b>180</b>	60	1	2	1	1	1		1		
2010	<b>33030</b>	Partial removal of heart sac	<b>36.00</b>	0.075	<b>739</b>	63	<b>180</b>	45	2	2	2	1	1		1	1	
2010	<b>43415</b>	Repair esophagus wound	<b>44.88</b>	0.096	<b>842</b>	80	<b>180</b>	60	3	1	2	1	1		2	1	1

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 15734

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 plastic surgery                      How often? Sometimes

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?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 23,069 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 plastic surgery	Frequency 11000	Percentage 47.68 %
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Specialty general surgery	Frequency 9100	Percentage 39.44 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 15734

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: 15736	Tracking Number	Original Specialty Recommended RVU: <b>17.04</b>
		Presented Recommended RVU: <b>17.04</b>
Global Period: 090		RUC Recommended RVU: <b>17.04</b>
CPT Descriptor: Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient sustains an avulsion injury of the antecubital fossa resulting in a soft tissue defect exposing the brachial artery and median nerve. A pedicled muscle flap (eg, brachioradialis) is elevated and transposed to provide coverage of the defect.

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 87% , In the ASC 13%, 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 5% , Overnight stay-less than 24 hours 45% , Overnight stay-more than 24 hours 50%

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 42%

**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: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of deep vein thrombosis (DVT) prophylaxis. Write orders for preoperative medications. Review results of admission testing and imaging. Meet with patient and family to review planned procedure and postoperative management. Mark site and side of proposed skin incision and confirm with patient. Review and obtain informed consent with patient, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Monitor and/or assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of extremities and head; adjust as needed. Place patient's arm on hand surgery table. Indicate areas of skin to be prepared. Prep and drape arm and hand. Scrub and gown. Apply a sterile tourniquet to the proximal arm. Mark surgical incisions on the arm. Perform surgical time out with operating surgical team. Elevate arm and exsanguinate. Inflate pneumatic tourniquet.

Description of Intra-Service Work: The traumatic defect in the antecubital fossa is debrided and irrigated. The defect is measured. An incision is made over the ipsilateral brachioradialis muscle. The incision is brought down to the level of the fascia which is divided exposing the muscle. The brachioradialis muscle is dissected radially and ulnarly proceeding distally where the distal tendon is divided. The superficial radial sensory nerve is first identified and carefully protected during the distal dissection. The muscle is then dissected proximally. During the dissection care is taken to identify the vascular pedicle coming from the recurrent radial artery. Secondary branches of the recurrent radial artery are divided to allow better mobilization. The nerve origin from the radial nerve is also identified and protected. The muscle is then transposed on the pedicle to cover the defect at the antecubital fossa and sutured in place. The tourniquet is deflated and the viability of the muscle is assessed. The flap is observed for any sign of congestion. If flap congestion is noted sutures are

removed/repositioned and the flap orientation is adjusted as needed. Drains are placed and sutured in position. The donor site fascia is sutured and the skin closed in layers. [Flap coverage is completed with an appropriate skin graft that is separately reported.]

#### Description of Post-Service Work:

Through discharge from recovery: A bulky dressing is applied to the entire arm from the hand to the axilla. A long arm plaster splint is applied. The patient's arm is monitored to be certain the flap is not ripped out of its bed should he/she forcefully extend the elbow during emergence from anesthesia. The patient is transferred from the operating table to gurney. Monitoring continues during the transport of patient from the OR to the recovery room. The postoperative recovery care is discussed with the anesthesia team and nursing staff. The nursing staff is instructed in the care of the drains and extremity. The postoperative laboratory results are reviewed. The procedure and outcome are discussed with family in waiting area. A brief operative note is written. Orders are written for the in-immediate postoperative care. The operative report is dictated, a copy of which is sent to the referring physician(s). The referring physician(s) is called. The patient is discharged from recovery room to surgical ward. Additional floor related postoperative orders are written and discussed with the surgical floor nursing staff.

Next day discharge management: The interval chart notes are reviewed. The superficial dressing is taken down. Care is taken to not disturb the non-adherent dressing covering the skin graft. The flap is accessed for viability and the wound for infection. The drain output is noted. The wound is redressed creating a small viewing port for postoperative flap observation. The extremity edema, circulation, sensation and motor function are assessed. Further discussions are held with the patient and family regarding diet, activity, bathing, arm positioning, care of the drain and dressings. Postoperative medication orders are written and discussed with the family. Medications are reconciled. All appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions are completed.

Office visits: The patient is seen within 24 hours of discharge to evaluate drain output and flap viability. The patient's comfort and adherence to the postoperative regimen is discussed. The extremity edema, circulation, sensation and motor function are assessed. The graft donor site is evaluated. The donor site dressing is changed or reinforced as needed. The drain anchor suture is located and removed along with the drain. The dressing is only disturbed enough to evaluate the flap viability via the previously created viewing port. The viewing port is covered. The splint is left in place. Pain is assessed and adjustments to medications are made as needed. The patient care plan is reviewed with the patient and family. Communication with the referring physician is completed. The medical record is completed.

At the second postoperative office visit, the patient's comfort and adherence to the postoperative regimen is discussed. The extremity edema, circulation, sensation and motor function are assessed. The splint is removed, but the arm is supported. The superficial dressing is removed. The viability of the flap is assessed. The wound is checked for any sign of infection. The non-stick dressing covering the skin graft is very carefully separated from the graft while protecting the graft with cotton swabs. A new non-stick dressing is applied to the flap. A new dressing is applied to the arm. A new splint is applied (separately reportable.) The donor site is evaluated and redressed. Pain is assessed and adjustments to medications are made as needed. The patient care plan is reviewed with the patient and family. Communication with the referring physician is completed. The medical record is completed.

At subsequent postoperative office visits, the patient's comfort and adherence to the postoperative regimen is discussed. The extremity edema, circulation, sensation and motor function are assessed. The splint is removed but the arm is supported. The superficial dressing is removed. The viability of the flap is assessed. The wound is checked for any sign of infection. The non-stick dressing covering the skin graft is very carefully separated from the graft while protecting the graft with cotton swabs. The stitches are removed, as appropriate. The arm is redressed as appropriate. The donor site dressing is removed. The donor site is assessed and redressed as appropriate. The patient and family are instructed in dressing changes. Occupational therapy is ordered to address elbow range of motion while protecting the flap. The progress in occupational therapy is assessed. Changes to the OT orders are written (full range of elbow motion, edema control.). The splint is adjusted or replaced as needed. (It will be worn between exercise periods.) Pain is assessed and adjustments to medications are made as needed. Orders are written for dressing supplies. The patient care plan is reviewed with the patient and family. Communication with the referring physician is completed. The medical record is completed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Mark Villa, MD; Anne Miller, MD				
<b>Specialty(s):</b>	ASPS, ASSH				
<b>CPT Code:</b>	15736				
<b>Sample Size:</b>	1400	<b>Resp N:</b>	46	<b>Response:</b> 3.2 %	
<b>Description of Sample:</b>	ASSH: random sample from the ASSH membership database ASPS: random sample from the ASPS membership database of self identified reconstructive plastic surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	<b>3.00</b>	8.00	30.00
<b>Survey RVW:</b>	14.40	16.59	<b>18.32</b>	20.00	35.00
<b>Pre-Service Evaluation Time:</b>			<b>58.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>20.00</b>		
<b>Intra-Service Time:</b>	90.00	120.00	<b>150.00</b>	158.00	300.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>125.00</b>	99211x 0.00	12x 1.00	13x 3.00	14x 1.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	15736	<b>Recommended Physician Work RVU: 17.04</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>40.00</b>	<b>40.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>12.00</b>	<b>3.00</b>	<b>9.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>20.00</b>	<b>20.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>150.00</b>			
<b>Please, pick the <u>post-service</u> 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)</b>				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>30.00</b>	<b>33.00</b>	<b>-3.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b> 99292x <b>0.00</b>
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b><u>19.00</u></b>	99238x <b>0.5</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
<b>Office time/visit(s):</b>	<b><u>125.00</u></b>	99211x <b>0.00</b> 12x <b>1.00</b> 13x <b>3.00</b> 14x <b>1.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
24160	090	18.63	RUC Time

CPT Descriptor Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15731	090	14.38	RUC Time

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
60500	090	15.60	RUC Time	14,522

CPT Descriptor 1 Parathyroidectomy or exploration of parathyroid(s);

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
58150	090	17.31	RUC Time	8411

CPT Descriptor 2 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 11      % of respondents: 23.9 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 13.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>15736</u></b>	<b>Top Key Reference CPT Code: <u>24160</u></b>	<b>2nd Key Reference CPT Code: <u>15731</u></b>
Median Pre-Service Time	72.00	72.00	75.00
Median Intra-Service Time	150.00	120.00	120.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	60.00	0.00
Median Discharge Day Management Time	19.0	38.00	19.00
Median Office Visit Time	125.0	85.00	125.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>396.00</b>	<b>405.00</b>	<b>369.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.45	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.36	0.67
Urgency of medical decision making	0.82	0.83

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.55	0.50
Physical effort required	0.45	0.50

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.55	0.00
Outcome depends on the skill and judgment of physician	0.45	0.00
Estimated risk of malpractice suit with poor outcome	0.09	-0.67

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.64	0.33
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Code 15734 was identified through a screen for services with Medicare utilization greater than 10,000 that include a 99214 in the global period. Code 15736 was added as a family code.

**Survey Process**

The previous survey in 1995 was conducted only by ASPS. For this current survey, both ASPS (plastic surgery) and ASSH (hand/upper extremity surgery) participated. A survey request was sent to a random selection of 1400 surgeons from the ASPS (reconstructive plastic surgeons) and ASSH (hand surgeons) membership database.

**Recommendation**

**We recommend maintaining the current work RVU of 17.04 for code 15736.** The intraoperative time has not changed and although the hospital visits have decreased, the office visits have increased in both number and level (ie, hospital work has been moved to the office setting). The total time and IWP/UT between the 1995 survey and the current survey are essentially the same, as further support to maintain the current value.

**Pre-time Package 4**

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). **Recommended times for the preservice categories are 40/12/20.** An additional 9 minutes has been added for positioning (Assist in transfer of patient from gurney to operating table. Monitor and/or assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of extremities and head; adjust as needed. Place patient's arm on hand surgery table. Apply a sterile tourniquet to the proximal arm. Elevate arm and exsanguinate. Inflate pneumatic tourniquet.) A total positioning time of 12 minutes is consistent with many other recently reviewed upper extremity procedures, including: 23430, 24071, 24077, 24079, 24150, 24152, 24160, 24164, 24363, 24370, 24371, 25071, 25073, 25076, 25077, 25078, 25170, 26111, 26113, 26116, 26117, and 26118.

**Post-time Package 9b**

We recommend post-time package 9b (*General Anesthesia or Complex Regional Block/Complex Procedure*).

### Key Reference Service Comparison

KRS code 24160 has less intraoperative time, more hospital work, and less office work. Although the total time for 24160 is similar to 15736, the value for 24160 is greater than the recommendation for 15736 because the intraoperative intensity is greater.

KRS code 15731 is a smaller flap and has less intraoperative time than 15736. Patients undergoing 15731 will almost always go home the same day, whereas the patients undergoing 15736 will almost always stay overnight or be admitted for several days. This increases the post-operative work on the day of the procedure and the subsequent day for 15736 when compared with 15731. Given the CMS policy regarding "outpatient" coding, this nuance is lost because both codes will have 0.5 x 99238 in a data table even though the post-operative hospital work is greater for 15736. The recommended work RVU of 17.04 takes into account the difference in intraoperative time and difference in postoperative facility work.

### MPC Comparison

Survey code 15736 includes more intraoperative time than both MPC codes and post-operative work varies. The recommended work RVU of 17.04 correctly places 15736 between the MPC codes.

Year	CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	32	31	38	14	13	12
2010	<b>60500</b>	Explore parathyroid glands	<b>15.60</b>	0.086	313	72	120	40			0.5		2	1
	<b>15736</b>	Muscle flap, upper extremity	<b>17.04</b>	0.063	396	72	150	30			0.5	1	3	1
2005	<b>58150</b>	Total hysterectomy	<b>17.31</b>	0.071	394	60	120	30	1	3	1		2	

### Other Comparison Codes

The table below presents multi-specialty 90-day global outpatient procedures that have 120-180 minutes of intra-time and that have been reviewed by the RUC since 2008. This list of codes support the recommended work RVU of 17.04 for code 15736.

Year	CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	38	14	13	12
2010	<b>60240</b>	Thyroidectomy, total or complete	<b>15.04</b>	0.068	<b>327</b>	72	<b>150</b>	40	0.5		2	
2008	<b>54410</b>	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	<b>15.18</b>	0.075	<b>329</b>	65	<b>120</b>	40	0.5		3	1
2014	<b>58544</b>	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	<b>15.60</b>	0.094	<b>271</b>	56	<b>120</b>	30	0.5		2	
2010	<b>60500</b>	Parathyroidectomy or exploration of parathyroid(s);	<b>15.60</b>	0.086	<b>313</b>	72	<b>120</b>	40	0.5		2	1
2011	<b>49655</b>	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	<b>16.84</b>	0.079	<b>344</b>	70	<b>150</b>	50	0.5		1	2
	<b>15736</b>	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	<b>17.04</b>	0.063	<b>396</b>	72	<b>150</b>	30	0.5	1	3	1
2011	<b>42415</b>	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	<b>17.16</b>	0.081	<b>333</b>	72	<b>150</b>	30	0.5		2	1
2014	<b>58572</b>	Laparoscopy, surgical, with total hysterectomy, for uterus > 250 g	<b>17.71</b>	0.112	<b>271</b>	56	<b>120</b>	30	0.5		2	
2008	<b>69930</b>	Cochlear device implantation, with or without mastoidectomy	<b>17.73</b>	0.067	<b>387</b>	95	<b>180</b>	30	0.5	1	1	
2015	<b>67113</b>	Repair of complex retinal detachment with vitrectomy and membrane peeling...	<b>19.00</b>	0.093	<b>348</b>	51	<b>120</b>	20	0.5		6	
2011	<b>42420</b>	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	<b>19.53</b>	0.078	<b>383</b>	72	<b>180</b>	50	0.5		2	1
2008	<b>61798</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	<b>19.85</b>	0.137	<b>225</b>	25	<b>120</b>	15	0.5		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) 15736

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 plastic surgery                      How often? Sometimes

Specialty hand surgery                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,402

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 plastic surgery	Frequency 900	Percentage 64.19 %
Specialty hand surgery	Frequency 150	Percentage 10.69 %
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

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**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 15736

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: 15738	Tracking Number	Original Specialty Recommended RVU: <b>21.58</b>
		Presented Recommended RVU: <b>21.58</b>
Global Period: 090		RUC Recommended RVU: <b>19.04</b>
CPT Descriptor: Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient presents with a large defect of the mid portion of the lower leg with exposed bone that is too large to close with a complex repair or adjacent tissue transfer. A pedicled muscle flap (eg, medial soleus) is elevated and transposed to provide coverage of the defect.

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 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 6% , Overnight stay-more than 24 hours 94%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 39%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of deep vein thrombosis (DVT) prophylaxis. Write orders for preoperative medications including beta blockers if indicated. Review results of admission testing and imaging. Meet with patient and family to review planned procedure and postoperative management. Mark site and side of proposed skin incision and confirm with patient. Review and obtain informed consent with patient, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Monitor and/or assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of extremities and head; adjust as needed. Indicate areas of skin to be prepared. Prep and drape leg. Scrub and gown. Apply a sterile tourniquet on thigh. Mark surgical incisions on the leg. Perform surgical time out with operating surgical team. Elevate leg and exsanguinate. Inflate pneumatic tourniquet.

Description of Intra-Service Work: The traumatic defect in the mid-tibial region of the leg is irrigated and thoroughly debrided. An incision is made from the wound extended proximally and distally to allow harvesting of the medial soleus muscle as a flap. The plane between the superficial surface of the soleus muscle and the deep surface of the medial gastrocnemius muscle is identified and dissected. This dissection is carried to the midline raphe between the medial and lateral portions of the muscle, frequently using the lesser saphenous vein as a landmark to establish its location. This dissection is then performed proximally to the bone origin and distal to the Achilles tendon. The anterior border of the muscle is divided off the tibia and the dissection is carried proximally to free both the bony and fibrous origins of the soleus muscle, using caution to prevent damage to the popliteal vessels and tibial nerve, as well as the vascular pedicle of the muscle itself. The deep surface of the muscle is then dissected off of the posterior intermuscular septum using caution to avoid damage to the peroneal and posterior tibial vessels as well as the tibial nerve. The insertion of the muscle at the

Achilles tendon is carefully divided in order to preserve the gastrocnemius insertion into the Achilles tendon. The dissection continues up the midline of the bipartite muscle. The tourniquet is released and the viability of the flap is assessed. The flap is observed for any sign of congestion. Drains are placed and sutured in position. The muscle is sutured in place to provide coverage for the bone. If flap congestion is noted sutures are removed/repositioned and the flap orientation is adjusted as needed. The donor site fascia is sutured and the skin closed in layers. [Flap coverage is completed with an appropriate skin graft that is separately reported.]

#### Description of Post-Service Work:

Through discharge from recovery: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from the OR to the recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Instruct nursing staff in care of drains, tubes, and other devices. Review postoperative laboratory results. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Discharge patient from recovery room to surgical ward. Write patient-care orders and discuss floor care with nursing staff. Patient is seen again in the evening after surgery and flap viability is confirmed. Pain control reviewed.

Inpatient E/M visits: Review of interval chart notes. Talk with patient and family. Take down any necessary dressings. Evaluate flap for viability and wound for infection. Evaluate splint for pressure points. Assess drain output. Redress wound. Evaluate donor site. Evaluate neurovascular status of distal extremity. Assess pain score and order medications, as required. Continue prophylaxis for DVT. Assess need for beta blockers, order as required. Assess need for antibiotics, order as required. Write orders for patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing and/or other staff questions.

Discharge management: Review interval chart notes. Talk with patient and family. Take down dressings. Evaluate flaps for viability and wound for infection. Assess drain output. Redress wound. Assess extremity for edema, circulation, sensation and motor function. Assess need for beta blockers, order as required. Assess need for antibiotics, order as required. Discuss home restrictions (ie, diet, activity, bathing) and care of drain with patient and family members. Medications are reconciled and orders for discharge medications are written. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office visits: At first post-op visit typically within one week of surgery date, talk with patient and family. Evaluate general recovery and flap specific concerns. Assess pain score and order medications. Review pertinent pathology and/or cultures results. Take down dressings including splint. Evaluate flaps/skin graft for viability and wound for infection. Assess drain output and remove if appropriate. Evaluate skin graft donor site if present and replace dressing. Redress wounds/incisions. Assess pain score and order medications as required. Discuss changes to activity level. Evaluate lower extremity muscular function and neurovascular status. Evaluate edema/swelling of lower extremity. Review with patient and family all wound care orders and demonstrate appropriate care for incisions/skin graft. Communicate with both PCP and other involved physicians. Answer patient and family questions and reinforce instructions on wound care, activity, and bathing. Fill out FMLA/disability paperwork. Enter progress notes into medical record. Discuss progress with PCP/referring physicians.

At subsequent office visits, continue to evaluate patient recovery for both general and reconstruction specific concerns. Continue to monitor and manage wounds/incisions. Evaluate and remove drains (typically 2-4 drains overall) as appropriate. Remove sutures as indicated. Assess extremity for edema, circulation, sensation and motor function. Increase activity as tolerated and discuss rehabilitation needs with patient and family. Teach any new wound care instructions or changes in medications. Communicate with physical therapist on rehabilitation goals/next steps. Coordinate care with PCP and other involved physicians. Medical record is completed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Mark Villa, MD				
<b>Specialty(s):</b>	ASPS				
<b>CPT Code:</b>	15738				
<b>Sample Size:</b>	800	<b>Resp N:</b>	39	<b>Response:</b> 4.8 %	
<b>Description of Sample:</b>	random sample from the ASPS membership database of self identified reconstructive plastic surgeons				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	6.00	14.00	100.00
<b>Survey RVW:</b>	14.45	19.00	21.58	24.00	39.00
<b>Pre-Service Evaluation Time:</b>			70.00		
<b>Pre-Service Positioning Time:</b>			25.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			15.00		
<b>Intra-Service Time:</b>	90.00	120.00	150.00	180.00	300.00
<b>Immediate Post Service-Time:</b>	<u>30.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>120.00</u>	99231x 2.00 99232x 2.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>38.00</u>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>108.00</u>	99211x 0.00 12x 1.00 13x 4.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	15738	<b>Recommended Physician Work RVU: 19.04</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	15.00	3.00	12.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	15.00	20.00	-5.00	
<b>Intra-Service Time:</b>	150.00			
<b>Please, pick the <u>post-service</u> 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)</b> 9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	33.00	-3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>120.00</u>	99231x 2.00	99232x 2.00	99233x 0.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>108.00</u>	99211x 0.00	12x 1.00	13x 4.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
27364	090	24.49	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22905	090	21.58	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55866	090	21.36	RUC Time	13,196

CPT Descriptor 1 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	63,820

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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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: 38.4 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 23.0 %

### TIME ESTIMATES (Median)

	CPT Code: <u>15738</u>	Top Key Reference CPT Code: <u>27364</u>	2nd Key Reference CPT Code: <u>22905</u>
Median Pre-Service Time	70.00	80.00	63.00
Median Intra-Service Time	150.00	180.00	150.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	120.0	120.00	80.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	108.0	102.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>516.00</b>	<b>550.00</b>	<b>463.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.87	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.27	0.22
Urgency of medical decision making	0.47	0.33
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	1.13	1.22
Physical effort required	1.27	0.56

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.87	0.11
Outcome depends on the skill and judgment of physician	1.20	0.89
Estimated risk of malpractice suit with poor outcome	1.00	0.44

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.20	0.78
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Code 15734 was identified through a screen for services with Medicare utilization greater than 10,000 that include a 99214 in the global period. Code 15738 was added as a family code.

**Compelling Evidence**

*Flawed methodology –underestimation of work because previous survey did not require level of hospital or office visits.* Code 15738 was identified by CMS as undervalued during the first five-year review in 1995. The survey instrument in 1995 requested total hospital time and number of visits, but not level of visits (ie, there was no consideration given to level of post-operative work, that could affect valuation of work). When level of visits was necessary for the first five-year review of practice expense, a CMS contractor transformed the postoperative time into visit levels using an algorithm based on intra-service time. This resulted in all low level hospital and office visits being assigned to code 15738. The current survey indicates that the hospital and office visit work was underestimated and that increases in the value for E/M codes over the years was not correctly incorporated in the global code value for 15738. **We believe that this underestimation of postoperative visit work meets compelling evidence that 15738 may not be correctly valued.**

**Survey Process**

A survey request was sent to a random selection of 800 surgeons from the ASPS (reconstructive plastic surgeons) membership database.

**Recommendation**

**We recommend the survey median work RVU of 21.58 for code 15738.** This work RVU which is slightly greater than the current value accounts increased postoperative work changes when compared to previous data.

### Pre-time Package 4

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). **Recommended times for the preservice categories are 40/15/20.** An additional 12 minutes has been added for positioning for a total of 15 minutes positioning time. The typical patient undergoing a medial soleus muscle flap can be positioned with the leg extended lateral or positioned prone, depending on the area of defect to be covered (ie, the medial soleus muscle is on the posterior leg). Repositioning may be necessary as the procedure progresses. In addition, these patients will require a significant amount of effort to transfer from the hospital bed to the OR bed because there is commonly a vacuum assisted dressing in place that will need to be taken down or, for patients with fractures, there may be external fixation that complicates positioning.

### Post-time Package 9b

We recommend post-time package 9b (*General Anesthesia or Complex Regional Block/Complex Procedure*), with a reduction of 3 minutes to be consistent with the survey median.

### Key Reference Service Comparison

KRS codes 27364 and 22905 represent significant intraoperative work and similar postoperative management. The recommended work RVU of 21.58 for code 15738 is supported by these codes.

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	32	31	38	14	13	12
<b>15738</b>	Muscle flap, lower extremity	<b>21.58</b>	0.064	516	70	150	30	2	2	1		4	1
<b>22905</b>	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	<b>21.58</b>	0.071	550	80	150	30	1	2	1	1	2	1
<b>27364</b>	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	<b>24.49</b>	0.078	463	63	180	30	2	2	1	1	2	1

### MPC Comparison

Survey code 15738 includes more postoperative hospital and office work than MPC code 55866 and significantly less work than MPC code 33533.

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	91	33	32	31	38	14	13	12
<b>55866</b>	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	<b>21.36</b>	0.074	442	68	180	30			1		1	1	2	
<b>15738</b>	Muscle flap, lower extremity	<b>21.58</b>	0.064	516	70	150	30			2	2	1		4	1
<b>33533</b>	Coronary artery bypass, using arterial graft(s); single arterial graft	<b>33.75</b>	0.096	682	95	158	40	1	3	1	1	1	1		1

### Other Comparison Codes

The table below presents RUC reviewed 90-day global inpatient procedures with work RVUs just above and below the recommended value for 15738. For some codes, the intraoperative work is greater and the postoperative work is less than 15738. For other codes, the intraoperative work is less and the postoperative work is greater than 15738. When considering total work and magnitude estimation, these codes support a work RVU of 21.58 for 15738.

CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	33	32	31	38	14	13	12
<b>32673</b>	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	<b>21.13</b>	0.081	<b>447</b>	75	<b>150</b>	30	1	1	1	1		1	1
<b>35301</b>	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	<b>21.16</b>	0.104	<b>404</b>	75	<b>120</b>	30	1	1		1		2	
<b>35302</b>	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	<b>21.35</b>	0.096	<b>392</b>	75	<b>150</b>	30		1	1	1		1	1



CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	33	32	31	38	14	13	12
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	21.36	0.071	448	51	180	33		1	1	1	1	2	
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	21.36	0.074	442	68	180	30		1		1	1	2	
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	21.46	0.061	512	63	180	30	1	2	1	1		2	
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	21.53	0.087	512	95	105	40	1	3	1	1		1	1
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	21.55	0.064	496	63	180	30		2	1	1		3	1
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	21.58	0.064	516	70	150	30		2	2	1		4	1
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	21.58	0.078	463	63	150	30		1	2	1	1	2	1
35525	Bypass graft, with vein; brachial-brachial	21.69	0.093	415	91	150	30		1	1	1		2	
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	21.69	0.091	424	100	150	30		1	1	1		2	
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	22.00	0.090	435	72	140	20		1	2	1		3	1
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	22.13	0.089	448	75	140	30		1	2	1		3	1

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 15738

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 plastic surgery                      How often? Sometimes

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,771

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 plastic surgery	Frequency 3800	Percentage 65.84 %
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Specialty	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 15738

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Muscle Flaps

TAB: 14

					RVW					Total	pre PKG	PRE			INTRA					POST-FACILITY						POST-OFFICE					SURVEY EXPERIENCE							
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX		
REF1	27364	Radical resection of tumor (eg, sarcoma)	14	0.071			24.49			550		40	20	20			180			30			2	2	1		1	2	1									
REF2	22905	Radical resection of tumor (eg, sarcoma)	12	0.078			21.58			463		40	3	20			150			30			1	2	1		1	2	1									
current	15734	Muscle, myocutaneous, or fasciocutaneous flap		0.050			19.86			524		30	15	15			163			30			1	1	1	1		1	2	2								
SVY	15734	Muscle, myocutaneous, or fasciocutaneous flap	41	0.051	16.00	21.58	23.00	24.75	32.00	616		60	15	20	90	160	180	210	500	30			1	2	1	1		1	2	2	0	4	8	15	40			
REC		Trunk		0.054			23.00			596	4	40	15	20			180			30	9b	1	2	1	1		1	2	2									
		Vignette 1 latissimus	26	0.050	####	####	####	####	####	629		73	15	20	90	156	180	233	500	30			1	2	1	1		1	2	2	0	5	10	19	40			
		Vignette 2 rectus abdominis	15	0.058	####	####	####	####	####	608		52	15	20	120	160	180	200	240	30			1	2	1	1		1	2	2	0	2	6	10	25			

					RVW					Total Time	pre PKG	PRE			INTRA					POST-FACILITY						POST-OFFIC					SURVEY EXPERIENCE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX			EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th
REF1	24160	Removal of prosthesis, includes closure	11	0.082			18.63			405		40	12	20		120		30			1	1	1			3	1								
REF2	15731	Forehead flap with preservation of blood supply	6	0.056			14.38			369		50	10	15		120		30					0.5		1	3	1								
current	15736	Muscle, myocutaneous, or fasciocutaneous flap		0.062			17.04			400		60				150		30			3	1			1	2	1								
SVY	15736	Muscle, myocutaneous, or fasciocutaneous flap	46	0.065	14.40	16.59	18.32	20.00	35.00	436		58	15	20	90	120	150	158	300	30				1		1	3	1	0	1	3	8	30		
REC		Upper extremity		0.063			17.04			396	4	40	12	20		150		30	9b				0.5		1	3	1								

					RVW					Total	pre	PRE			INTRA					POST-FACILITY						POST-OFFIC					SURVEY EXPERIENCE					
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	27364	Radical resection of tumor (eg, sarcoma)	15	0.071			24.49			550		40	20	20			180			30			2	2	1		1	2	1							
REF2	22905	Radical resection of tumor (eg, sarcoma)	9	0.078			21.58			463		40	3	20			150			30			1	2	1		1	2	1							
current	15738	Muscle, myocutaneous, or fasciocutaneous flap		0.060			19.04			460		60					150			30				6	1			1	2	1						
SVY	15738	Muscle, myocutaneous, or fasciocutaneous flap	39	0.058	14.45	19.00	21.58	24.00	39.00	556		70	25	15	90	120	150	180	300	30			2	2	1		4	1		0	4	6	14	100		
REC		Lower extremity		0.047			19.04			516	4	40	15	15			150			30	9b		2	2	1		4	1								

**Tab Number: 14**


**Issue: Muscle and Skin Graft**

**Code(s): 15734**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	Charles Mabry, MD, FACS
<b>Specialty Society:</b>	American College of Surgeons
<b>Date:</b>	April 5, 2016

**Tab Number: 14**


**Issue: Muscle and Skin Graft**

**Code(s): 15736**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	Anne Miller, MD
<b>Specialty Society:</b>	American Society for Surgery of the Hand
<b>Date:</b>	April 5, 2016

**Tab Number: 14**


**Issue: Muscle and Skin Graft**

**Code(s): 15732,15734,15736,15738**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	Mark Villa, MD
<b>Specialty Society:</b>	American Society of Plastic Surgeons
<b>Date:</b>	April 5, 2016

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Facility Direct Inputs**

<b>15734</b>	Muscle, myocutaneous, or fasciocutaneous flap; trunk
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Global Period: 090      Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ACS and ASPS Advisors reviewed the current PE details for 15734. The societies agree that code 15734 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.

**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:**

Post-operative office visit time has been adjusted to match the current survey.

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

Supplies

The current practice expense details related to the postoperative office visits do not include the necessary supplies for caring for a drain and two wounds on the trunk (flap and donor site). The necessary items have been added to the spreadsheet.

Supply	Qty	
pack, post-op incision care (suture)	2	typically more than one drain and typically removed at different visits – and different from the visit where staples/sutures removed from wounds
pack, post-op incision care (suture & staple)	1	remove staples and sutures, flap and donor wounds
silver nitrate applicator	1	first visit, flap and donor wounds
gauze, sterile 4in x 4in (10 pack uou)	2	cleaning related to drain removal and flap and donor wounds
dressing, 3in x 4in (Telfa, Release)	4	dressing, flap and donor wounds
dressing, 5in x 9in (ABD-Combine)	2	to cover dressing, flap and donor wounds

Equipment

The surgical light has been changed to an exam light which is typical in a surgeon's exam room.

**5. Please describe in detail the clinical activities of your staff:**



Pre-Service Clinical Labor Activities:

Clinical staff will coordinate diagnostic and referral forms, pre-surgery services, and scheduling space and equipment in the facility. In addition, clinical staff will communicate with the patient's family/caregiver regarding the procedure, after care, etc.

Intra-Service Clinical Labor Activities:

Staff will assist with coordination of care post-discharge, communicating with the patient's family/caregiver regarding questions about home care and follow-up.

Post-Service Clinical Labor Activities:

Clinical staff will assist at each office visit.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

<b>15734</b>	Muscle, myocutaneous, or fasciocutaneous flap; trunk
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Global Period: 090 Meeting Date: April 2016

- 1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ACS and ASPS Advisors reviewed the current PE details for 15734. **The societies agree that code 15734 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.**
- 2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**
- 3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**
- 4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**
- 5. Please describe in detail the clinical activities of your staff:**

## AMA/Specialty Society Update Process Practice Expense Summary of Recommendation Facility Direct Inputs

<b>15736</b>	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
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Global Period: 090      Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ASSH and ASPS Advisors reviewed the current PE details for 15736. The societies agree that code 15736 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.

**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:**

Post-operative office visit time has been adjusted to match the current survey.

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

### Supplies

The current practice expense details related to the postoperative office visits do not include the necessary supplies for caring for a drain(s) and two wounds (flap and donor site). The necessary items have been added to the spreadsheet. Below is a list of items divided into each visit. Please note that activities at each visit may change based on wound healing. For example, sutures may not be removed until a later visit, depending on skin tension.

	Supply	QTY	
POV #1	kit, suture removal	1	remove drain
	bandage, Kerlix, sterile 4.5in	1	Flap
	gloves, sterile	1	Flap & donor site
	dressing, 5in x 9in (Xeroform)	2	Flap & donor site
	gauze, sterile 4in x 4in	6	Flap
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
	gauze, sterile 4in x 4in	6	Donor site
POV# 2	gloves, sterile	1	Flap & donor site
	applicator, cotton-tipped, sterile, 6in	6	Flap
	sodium chloride 0.9% inj (250-1000ml uou)	1	Flap
	underpad 2ft x 3ft (Chux)	1	flap

	Supply	QTY	
	dressing, 3in x 4in (Telfa, Release)	1	Flap
	bandage, Kerlix, sterile 4.5in	1	Flap
	dressing, 5in x 9in (Xeroform)	2	Flap & donor site
	bandage, elastic wrap 3in (Ace)	2	Flap
	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
POV# 3	gloves, sterile	1	Flap & donor site
	kit, suture removal	1	remove sutures
	applicator, cotton-tipped, sterile, 6in	6	Flap
	sodium chloride 0.9% inj (250-1000ml uou)	1	Flap
	underpad 2ft x 3ft (Chux)	1	flap
	dressing, 3in x 4in (Telfa, Release)	1	Flap
	bandage, Kerlix, sterile 4.5in	1	Flap
	bandage, elastic wrap 3in (Ace)	2	Flap
	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
POV# 4	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
	bandage, Kerlix, sterile 4.5in	1	Flap
	bandage, elastic wrap 3in (Ace)	2	Flap
POV #5+	no supplies		

### Equipment

The surgical light has been changed to an exam light which is typical in a surgeon's exam room.

### **5. Please describe in detail the clinical activities of your staff:**

#### Pre-Service Clinical Labor Activities:

Clinical staff will coordinate diagnostic and referral forms, pre-surgery services, and scheduling space and equipment in the facility. In addition, clinical staff will communicate with the patient's family/caregiver regarding the procedure, after care, etc.

#### Intra-Service Clinical Labor Activities:

Staff will assist with coordination of care post-discharge, communicating with the patient's family/caregiver regarding questions about home care and follow-up.

#### Post-Service Clinical Labor Activities:

**CPT Code: 15736**  
**Specialty Society(s): ASSH, ASPS**

Clinical staff will assist at each office visit.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

<b>15736</b>	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
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Global Period: 090 Meeting Date: April 2016

- 1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ASSH and ASPS Advisors reviewed the current PE details for 15736. **The societies agree that code 15736 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.**
- 2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**
- 3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**
- 4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**
- 5. Please describe in detail the clinical activities of your staff:**

## AMA/Specialty Society Update Process Practice Expense Summary of Recommendation Facility Direct Inputs

<b>15738</b>	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
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Global Period: 090      Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ASPS Advisors reviewed the current PE details for 15738 and agree that code 15738 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.

**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:**

Post-operative office visit time has been adjusted to match the current survey.

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

### Supplies

The current practice expense details related to the postoperative office visits do not include the necessary supplies for caring for a drain and two wounds (flap and donor site). The necessary items have been added to the spreadsheet. Below is a list of items divided into each visit.

	Supply	QTY	
POV #1	kit, suture removal	1	remove drain
	bandage, Kerlix, sterile 4.5in	2	Flap
	gloves, sterile	1	Flap & donor site
	dressing, 5in x 9in (Xeroform)	2	Flap & donor site
	bandage, elastic wrap 4in (Ace)	1	Flap
	bandage, elastic wrap 6in (Ace)	1	Flap
	gauze, sterile 4in x 4in	6	Flap
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
	gauze, sterile 4in x 4in	6	Donor site
POV# 2	gloves, sterile	1	Flap & donor site
	applicator, cotton-tipped, sterile, 6in	6	Flap

	Supply	QTY	
	sodium chloride 0.9% inj (250-1000ml uou)	1	Flap
	underpad 2ft x 3ft (Chux)	1	Flap
	dressing, 3in x 4in (Telfa, Release)	1	Flap
	bandage, Kerlix, sterile 4.5in	2	Flap
	dressing, 5in x 9in (Xeroform)	2	Flap & donor site
	bandage, elastic wrap 4in (Ace)	1	Flap
	bandage, elastic wrap 6in (Ace)	1	Flap
	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
POV# 3	gloves, sterile	1	Flap & donor site
	kit, suture removal	1	remove sutures
	applicator, cotton-tipped, sterile, 6in	6	Flap
	sodium chloride 0.9% inj (250-1000ml uou)	1	Flap
	underpad 2ft x 3ft (Chux)	1	Flap
	dressing, 3in x 4in (Telfa, Release)	1	Flap
	bandage, Kerlix, sterile 4.5in	2	Flap
	dressing, 5in x 9in (Xeroform)	2	Flap
	bandage, elastic wrap 4in (Ace)	1	Flap
	bandage, elastic wrap 6in (Ace)	1	Flap
	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
POV# 4	gauze, sterile 4in x 4in	6	Flap & donor site
	tape, surgical paper 1in (Micropore)	12"	Flap
	tape, surgical paper 1in (Micropore)	36"	Donor site
	bandage, Kerlix, sterile 4.5in	2	Flap
	bandage, elastic wrap 4in (Ace)	1	Flap
	bandage, elastic wrap 6in (Ace)	1	Flap
POV #5+	no supplies		

#### Equipment

The surgical light has been changed to an exam light which is typical in a surgeon's exam room.

#### **5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:



Clinical staff will coordinate diagnostic and referral forms, pre-surgery services, and scheduling space and equipment in the facility. In addition, clinical staff will communicate with the patient's family/caregiver regarding the procedure, after care, etc.

Intra-Service Clinical Labor Activities:

Staff will assist with coordination of care post-discharge, communicating with the patient's family/caregiver regarding questions about home care and follow-up.

Post-Service Clinical Labor Activities:

Clinical staff will assist at each office visit.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

<b>15738</b>	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
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Global Period: 090 Meeting Date: April 2016

- 1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ASPS Advisors reviewed the current PE details for 15738 **and agree that code 15738 should not be performed in the office setting and are recommending no practice expense inputs for the office setting.**
- 2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**
- 3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**
- 4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**
- 5. Please describe in detail the clinical activities of your staff:**

	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	please bold the item name and CMS code.			<b>15734 PEAC 01-2002</b>		<b>15734</b>	
3	<b>Meeting Date: April 2016</b> <b>Tab: 14</b> <b>Specialty: ASPS, ACS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; trunk		Muscle, myocutaneous, or fasciocutaneous flap; trunk	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>410</b>	<b>251</b>	<b>N/A</b>	<b>251</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>35</b>	<b>60</b>	<b>0</b>	<b>60</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>196</b>	<b>12</b>	<b>0</b>	<b>12</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>179</b>	<b>179</b>	<b>0</b>	<b>179</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	<b>5</b>	<b>5</b>		<b>5</b>
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	<b>10</b>	<b>20</b>		<b>20</b>
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		<b>8</b>		<b>8</b>
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>10</b>	<b>20</b>		<b>20</b>
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	<b>10</b>	<b>7</b>		<b>7</b>
17	Other Clinical Activity - <i>specify:</i>	L037D	RN/LPN/MTA				
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	<b>3</b>			
22	Obtain vital signs	L037D	RN/LPN/MTA	<b>3</b>			
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>4</b>			
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	<b>3</b>			
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
29	<b>Intra-service</b>						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	<b>163</b>			
32	<b>Post-Service</b>						
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA	<b>5</b>			
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	<b>3</b>			
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	<b>2</b>			
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	<b>10</b>			
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	<b>n/a</b>	<b>12</b>	<b>n/a</b>	<b>12</b>
46	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	<b>please bold the item name and CMS code.</b>			<b>15734 PEAC 01-2002</b>		<b>15734</b>	
3	<b>Meeting Date: April 2016 Tab: 14 Specialty: ASPS, ACS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; trunk		Muscle, myocutaneous, or fasciocutaneous flap; trunk	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
47	<b>POST-SERVICE Period</b>						
48	<b>Start: Patient leaves office/facility</b>						
50	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
51	99211 16 minutes		16				
52	99212 27 minutes		27	<b>2</b>	<b>2</b>		<b>2</b>
53	99213 36 minutes		36	<b>2</b>	<b>2</b>		<b>2</b>
54	99214 53 minutes		53	<b>1</b>	<b>1</b>		<b>1</b>
55	99215 63 minutes		63				
56	<b>Total Office Visit Time</b>			<b>179</b>	<b>179</b>	<b>0</b>	<b>179</b>
58	<b>End: with last office visit before end of global period</b>						
59	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
60	pack, minimum multi-specialty visit	SA048	pack	<b>6</b>	<b>5</b>		<b>5</b>
61	pack, post-op incision care (suture)	SA054	pack				<b>2</b>
62	pack, post-op incision care (suture & staple)	SA053	pack				<b>1</b>
63	silver nitrate applicator	SJ046	item	<b>2</b>			<b>1</b>
64	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	<b>2</b>	<b>4</b>		<b>2</b>
65	dressing, 3in x 4in (Telfa, Release)	SG035	item	<b>1</b>	<b>4</b>		<b>4</b>
66	dressing, 5in x 9in (ABD-Combine)	SG039	item				<b>2</b>
67	kit, suture removal	SA031	kit	<b>1</b>	<b>1</b>		
68	gloves, sterile	SB024	pair	<b>2</b>			
69	povidone soln (Betadine)	SJ041	ml	<b>10</b>			
70	bacitracin oint (15gm uou)	SJ008	item	<b>1</b>			
71	steri-strip (6 strip uou)	SG074	item	<b>2</b>			
72	tape, surgical paper 1in (Micropore)	SG079	inch	<b>24</b>			
73	dressing, 12-7mm (Gelfoam)	SG033	item	<b>1</b>			
74	hydrogen peroxide	SJ028	ml	<b>20</b>			
75	povidone soln (Betadine)	SJ041	ml	<b>10</b>			
76	bandage, Kling, non-sterile 2in	SG017	item	<b>2</b>	<b>4</b>		
77	gown, staff, impervious	SB027	item	<b>1</b>			
78	mask, surgical	SB033	item	<b>2</b>			
79	drape, sterile barrier 16in x 29in	SB007	item	<b>1</b>			
80	drape, sterile, fenestrated 16in x 29in	SB011	item	<b>1</b>			
81	syringe-needle 3ml 22-26g	SC064	item	<b>3</b>			
82	swab-pad, alcohol	SJ053	item	<b>2</b>			
83	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	<b>20</b>			
84	cautery, monopolar, electrode, needle	SF018	item	<b>1</b>			
85	scalpel with blade, surgical (#10-20)	SF033	item	<b>1</b>			
86	tray, suturing	SA069	tray	<b>1</b>			
87	suture, nylon, 3-0 to 6-0, c	SF036	item	<b>2</b>			
88	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	<b>1</b>			
89	<b>EQUIPMENT</b>	<b>CODE</b>					
90	table, power	EF031		<b>375</b>	<b>179</b>		<b>179</b>
91	light, exam	EQ168					<b>179</b>
92	light, surgical	EF014		<b>375</b>	<b>179</b>		
93	camera, digital system, 12 megapixel (medical grade)	ED005		<b>30</b>	<b>25</b>		
94	PACS Workstation Proxy	ED050		<b>196</b>			
95	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		<b>196</b>			
96	electrocautery-hyfreicator, up to 45 watts	EQ110		<b>196</b>			

	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	please bold the item name and CMS code.			<b>15736 PEAC 01-2002</b>		<b>15736</b>	
3	Meeting Date: April 2016 Tab: 14 Specialty: ASPS, ASSH	CMS Code	Staff Type	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			090	090	090	090
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	324	172	N/A	254
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	35	60	0	60
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	183	6	0	6
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	106	106	0	188
10	<b>PRE-SERVICE</b>						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	10	20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	10	20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	10	7		7
17	Other Clinical Activity - specify:	L037D	RN/LPN/MTA				
18	End: When patient enters office/facility for surgery/procedure						
19	<b>SERVICE PERIOD</b>						
20	Start: When patient enters office/facility for surgery/procedure:						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3			
22	Obtain vital signs	L037D	RN/LPN/MTA	3			
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	4			
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	3			
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	L037D	RN/LPN/MTA	150			
31	Assist physician/moderate sedation (% of physician time)						
32	Post-Service						
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA	5			
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3			
37	Clean Scope						
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2			
40	Review/read X-ray, lab, and pathology reports						
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	10			
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	n/a	6	n/a	6
46	End: Patient leaves office						

	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	please bold the item name and CMS code.			<b>15736 PEAC 01-2002</b>		<b>15736</b>	
3	<b>Meeting Date: April 2016 Tab: 14 Specialty: ASPS, ASSH</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
47	<b>POST-SERVICE Period</b>						
48	<b>Start: Patient leaves office/facility</b>						
50	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
51	99211 16 minutes		16	<b>1</b>	<b>1</b>		
52	99212 27 minutes		27	<b>2</b>	<b>2</b>		<b>1</b>
53	99213 36 minutes		36	<b>1</b>	<b>1</b>		<b>3</b>
54	99214 53 minutes		53				<b>1</b>
55	99215 63 minutes		63				
56	<b>Total Office Visit Time</b>	L037D	RN/LPN/MTA	<b>106</b>	<b>106</b>	<b>0</b>	<b>188</b>
58	<b>End: with last office visit before end of global period</b>						
59	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
60	pack, minimum multi-specialty visit	SA048	pack	<b>5</b>	<b>4</b>		<b>5</b>
61	kit, suture removal	SA031	kit	<b>1</b>	<b>1</b>		<b>2</b>
62	gloves, sterile	SB024	pair	<b>2</b>			<b>3</b>
63	applicator, cotton-tipped, sterile, 6in	SG081	item				<b>12</b>
64	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item				<b>2</b>
65	underpad 2ft x 3ft (Chux)	SB044	item				<b>2</b>
66	bandage, elastic wrap 3in (Ace)	SG011	item				<b>6</b>
67	gauze, sterile 4in x 4in	SG055	item				<b>30</b>
68	bandage, Kerlix, sterile 4.5in	SG016	item				<b>4</b>
69	dressing, 5in x 9in (Xeroform)	SG041	item				<b>4</b>
70	dressing, 3in x 4in (Telfa, Release)	SG035	item	<b>1</b>	<b>4</b>		<b>2</b>
71	tape, surgical paper 1in (Micropore)	SG079	inch	<b>24</b>			<b>192</b>
72	bandage, Kling, non-sterile 2in	SG017	item	<b>2</b>	<b>4</b>		
73	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	<b>2</b>	<b>4</b>		
74	dressing, 12-7mm (Gelfoam)	SG033	item	<b>1</b>			
75	tray, suturing	SA069	tray	<b>1</b>			
76	drape, sterile barrier 16in x 29in	SB007	item	<b>1</b>			
77	drape, sterile, fenestrated 16in x 29in	SB011	item	<b>1</b>			
78	gown, staff, impervious	SB027	item	<b>1</b>			
79	mask, surgical	SB033	item	<b>2</b>			
80	syringe-needle 3ml 22-26g	SC064	item	<b>3</b>			
81	cautery, monopolar, electrode, needle	SF018	item	<b>1</b>			
82	scalpel with blade, surgical (#10-20)	SF033	item	<b>1</b>			
83	suture, nylon, 3-0 to 6-0, c	SF036	item	<b>2</b>			
84	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	<b>1</b>			
85	steri-strip (6 strip uou)	SG074	item	<b>2</b>			
86	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	<b>20</b>			
87	bacitracin oint (15gm uou)	SJ008	item	<b>1</b>			
88	hydrogen peroxide	SJ028	ml	<b>20</b>			
89	povidone soln (Betadine)	SJ041	ml	<b>10</b>			
90	silver nitrate applicator	SJ046	item	<b>2</b>			
91	swab-pad, alcohol	SJ053	item	<b>2</b>			
92	<b>EQUIPMENT</b>	<b>CODE</b>					
93	table, power	EF031		<b>289</b>	<b>106</b>		<b>188</b>
94	light, exam	EQ168					<b>188</b>
95	light, surgical	EF014		<b>289</b>	<b>106</b>		
96	camera, digital system, 12 megapixel (medical grade)	ED005		<b>25</b>	<b>20</b>		
97	PACS Workstation Proxy	ED050		<b>183</b>			
98	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		<b>183</b>			
99	electrocautery-hyfreacator, up to 45 watts	EQ110		<b>183</b>			



	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	please bold the item name and CMS code.			<b>15738 PEAC 01-2002</b>		<b>15738</b>	
3	<b>Meeting Date: April 2016 Tab: 14 Specialty: ASPS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>324</b>	<b>178</b>	<b>N/A</b>	<b>243</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>35</b>	<b>60</b>	<b>0</b>	<b>60</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>183</b>	<b>12</b>	<b>0</b>	<b>12</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>106</b>	<b>106</b>	<b>0</b>	<b>171</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	<b>5</b>	<b>5</b>		<b>5</b>
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	<b>10</b>	<b>20</b>		<b>20</b>
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		<b>8</b>		<b>8</b>
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>10</b>	<b>20</b>		<b>20</b>
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	<b>10</b>	<b>7</b>		<b>7</b>
17	Other Clinical Activity - <i>specify:</i>	L037D	RN/LPN/MTA				
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	<b>3</b>			
22	Obtain vital signs	L037D	RN/LPN/MTA	<b>3</b>			
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>4</b>			
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	<b>3</b>			
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	Other Clinical Activity - <i>specify:</i>						
29	<b>Intra-service</b>						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	<b>150</b>			
32	<b>Post-Service</b>						
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA	<b>5</b>			
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	<b>3</b>			
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	<b>2</b>			
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	<b>10</b>			
42	Other Clinical Activity - <i>specify:</i>						
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	<b>n/a</b>		<b>n/a</b>	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	<b>n/a</b>	<b>12</b>	<b>n/a</b>	<b>12</b>
46	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				<b>CURRENT</b>		<b>RECOMMEND</b>	
2	<b>please bold the item name and CMS code.</b>			<b>15738 PEAC 01-2002</b>		<b>15738</b>	
3	<b>Meeting Date: April 2016 Tab: 14 Specialty: ASPS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
47	<b>POST-SERVICE Period</b>						
48	<b>Start: Patient leaves office/facility</b>						
50	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
51	99211 16 minutes		16	<b>1</b>	<b>1</b>		
52	99212 27 minutes		27	<b>2</b>	<b>2</b>		<b>1</b>
53	99213 36 minutes		36	<b>1</b>	<b>1</b>		<b>4</b>
54	99214 53 minutes		53				
55	99215 63 minutes		63				
56	<b>Total Office Visit Time</b>			<b>106</b>	<b>106</b>	<b>0</b>	<b>171</b>
58	<b>End: with last office visit before end of global period</b>						
59	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
60	pack, minimum multi-specialty visit	SA048	pack	<b>5</b>	<b>4</b>		<b>5</b>
61	kit, suture removal	SA031	kit	<b>1</b>	<b>1</b>		<b>2</b>
62	gloves, sterile	SB024	pair	<b>2</b>			<b>3</b>
63	applicator, cotton-tipped, sterile, 6in	SG081	item				<b>12</b>
64	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item				<b>2</b>
65	underpad 2ft x 3ft (Chux)	SB044	item				<b>2</b>
66	bandage, elastic wrap 4in (Ace)	SG012	item				<b>4</b>
67	bandage, elastic wrap 6in (Ace)	SG013	item				<b>4</b>
68	gauze, sterile 4in x 4in	SG055	item				<b>30</b>
69	bandage, Kerlix, sterile 4.5in	SG016	item				<b>8</b>
70	dressing, 5in x 9in (Xeroform)	SG041	item				<b>6</b>
71	dressing, 3in x 4in (Telfa, Release)	SG035	item	<b>1</b>	<b>4</b>		<b>2</b>
72	tape, surgical paper 1in (Micropore)	SG079	inch	<b>24</b>			<b>192</b>
73	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	<b>2</b>	<b>4</b>		
74	dressing, 12-7mm (Gelfoam)	SG033	item	<b>1</b>			
75	steri-strip (6 strip uou)	SG074	item	<b>2</b>			
76	hydrogen peroxide	SJ028	ml	<b>20</b>			
77	povidone soln (Betadine)	SJ041	ml	<b>10</b>			
78	bacitracin oint (15gm uou)	SJ008	item	<b>1</b>			
79	bandage, Kling, non-sterile 2in	SG017	item	<b>2</b>			
80	gown, staff, impervious	SB027	item	<b>1</b>			
81	mask, surgical	SB033	item	<b>2</b>			
82	drape, sterile barrier 16in x 29in	SB007	item	<b>1</b>			
83	drape, sterile, fenestrated 16in x 29in	SB011	item	<b>1</b>			
84	syringe-needle 3ml 22-26g	SC064	item	<b>3</b>			
85	swab-pad, alcohol	SJ053	item	<b>2</b>			
86	lidocaine 1% w-epi inj (Xylocaine w-epi)	SH046	ml	<b>20</b>			
87	cautery, monopolar, electrode, needle	SF018	item	<b>1</b>			
88	silver nitrate applicator	SJ046	item	<b>2</b>			
89	scalpel with blade, surgical (#10-20)	SF033	item	<b>1</b>			
90	tray, suturing	SA069	tray	<b>1</b>			
91	suture, nylon, 3-0 to 6-0, c	SF036	item	<b>2</b>			
92	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	<b>1</b>			
93	<b>EQUIPMENT</b>	<b>CODE</b>					
94	table, power	EF031		<b>289</b>	<b>106</b>		<b>171</b>
95	light, exam	EQ168					<b>171</b>
96	light, surgical	EF014		<b>289</b>	<b>106</b>		
97	camera, digital system, 12 megapixel (medical grade)	ED005		<b>25</b>	<b>20</b>		
98	PACS Workstation Proxy	ED050		<b>183</b>			
99	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		<b>183</b>			
100	electrocautery-hyfreacator, up to 45 watts	EQ110		<b>183</b>			



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*Site of Service Anomaly - 2015 / High Level E/M in Global Period\**

April 2016

**Mastectomy**

In October 2015, CPT code 19303 was identified by a screen in which the Medicare data from 2011-2013 indicated that it was performed less than 50% of the time in the inpatient setting, but included inpatient hospital Evaluation and Management services within the global period. This service was also identified under the High Level E/M screen for services with Medicare utilization greater than 10,000 that has a 99214 included in the global period.

**19303 Mastectomy, simple, complete**

The RUC reviewed the survey results from 148 general and breast surgeons and recommend the following physician time components: pre-service time of 58 minutes, intra-service time of 90 minutes and immediate post-service time of 30 minutes. The RUC agreed with the specialties and a majority of the survey respondents (87%) who indicated that the typical mastectomy patient will stay overnight or be admitted as inpatients. The RUC also agreed that the typical patient will require a E/M visit later the same day, however, because CMS does not allow reporting inpatient E/M codes for procedures that will have a facility status of outpatient, 10 minutes was added to the survey immediate post-time to reflect face to face time for a visit later on the same day, per CMS policy. The RUC also recommends the following post-operative visits in the surgical global package: one-half discharge management service (99238) (per CMS policy for codes with a facility status of outpatient), three office visits (2 x 99213 and 1 x 99214). The specialties explained that the 99214 office visit is appropriate because this procedure requires post-discharge management of a large, complex wound, including drains. At the second visit after discharge, the surgeon will take down dressings; evaluate the wound for infection; remove the drain; redress the wound; assess the extremity for edema, circulation, sensation and motor function; assess the pain score and order medication, as necessary; review pathology results and marker studies, and possible genetic analysis with the patient, family, referring physician(s), and appropriate consultants; discuss the need for postoperative adjuvant chemotherapy, post mastectomy radiation and/or hormonal therapy based on the pathology findings; discuss case with oncologist, and radiation oncologist if indicated, and prepare documents for transmission to their offices; answer patient and family questions and reinforce instructions on wound care, activity, and bathing; enter progress notes into medical record; and discuss progress with PCP. This post-surgical assessment, planning and discussion are time-intensive, with the typical visit lasting at least 30 minutes. The RUC agreed that this work is appropriately represented by 99214 for the typical patient.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the median work RVU of 15.00 accurately accounts for the physician work required for CPT code 19303. To justify a work RVU of 15.00, the RUC compared the surveyed code to key reference service 19302 *Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy* (work RVU= 13.99, intra time= 100 minutes) and agreed that the surveyed code is a more intense and complex surgical

procedure. The specialties noted that although the CPT descriptor for 19303 states "simple", the procedure is a "total" mastectomy. Compared to lumpectomy with axillary dissection (CPT code 19302), the procedure is in a completely different tissue plane with different risks - mostly involving control of tributary blood vessels along the sternal border and the lateral thoracic artery and vein in the axilla, which can result in substantial bleeding. An additional difference between these two procedures is that patients undergoing code 19302 will almost always go home the same day, whereas the patients undergoing code 19303 will almost always stay overnight or be admitted for several days. This difference reflects increased post-operative work on the day of the procedure.

Finally, the RUC reviewed several other surgical 90-day global codes with 90 minutes of intra-service time, performed as outpatient procedures, and agreed that a work RVU of 15.00 is appropriate relative to these comparable services. Specifically, CPT codes 29915 *Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)* (work RVU= 15.00) and 58571 *Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)* (work RVU= 15.00) offer appropriate cross-references to the recommended value.

**The RUC recommends a work RVU of 15.00 for CPT code 19303.**

#### **Practice Expense:**

The RUC approved the direct practice expense inputs as submitted by the specialty without modification and reviewed and approved by the PE Subcommittee.

#### **Work Neutrality**

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
19303	Mastectomy, simple, complete	090	15.00

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 19303	Tracking Number	Original Specialty Recommended RVU: <b>15.00</b>
		Presented Recommended RVU: <b>15.00</b>
Global Period: 090		RUC Recommended RVU: <b>15.00</b>
CPT Descriptor: Mastectomy, simple, complete		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 68-year-old female undergoes stereotactic needle biopsy of an area of suspicious microcalcifications in the left breast showing ductal carcinoma in situ. Review of mammogram shows the area biopsied is part of an extensive area of suspicious calcifications extending over a 7-cm area along a ductal distribution. Following review of surgical alternatives with patient, and considering especially patient's breast size relative to the extent of calcifications, a mastectomy is planned.

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 95% , In the ASC 5%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 13% , Overnight stay-less than 24 hours 75% , Overnight stay-more than 24 hours 12%

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 59%

**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: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of deep vein thrombosis (DVT) prophylaxis. Write orders for preoperative medications including beta blockers if indicated. Review results of preadmission testing (laboratory, ECG, chest X ray). Review pre-admission work-up, with particular attention to pathology and imaging information and reports. Re-examine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and postoperative management. Mark site and side of proposed skin incision and confirm with patient. Review and obtain informed consent with patient, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Monitor and/or assist with positioning of patient. Assist anesthesia team with line placement and induction of anesthesia and intubation. Insert or supervise insertion of urinary catheter. Indicate areas of skin to be prepared and draped. Scrub and gown. Perform surgical time out with operating surgical team.

Description of Intra-Service Work: Make an incision encompassing the nipple areolar complex and, if possible, the previous biopsy site. This may be performed based on previous markings to achieve optimal cosmetic or reconstructive results. Sharply divide the skin and subcutaneous tissues. Secure hemostasis with fine sutures, ligatures, and/or electrocautery. Use sharp dissection to create skin flaps. Throughout this dissection, pay close attention to thickness of the flaps as well as viability of the flaps. Carry out dissection to the level of the superficial mammary fascia to the limits of the clavicle, lateral border of the sternum, insertion of the rectus fascia, and latissimus dorsi tendon. Dissect the breast from underlying pectoralis major muscle fibers including the deep fascia in continuity with the specimen. During this process,

pay close attention to inspection of the deep margin, as any suspicious findings may require resection of superficial muscle fibers to achieve a definitive final pathologic margin. Incise the clavipectoral fascia exposing the axilla, which is examined for suspicious adenopathy. Pay meticulous attention to identifying and preserving the thoracodorsal and long thoracic nerves, as injury to these can result in permanent debilitating deformity. Dissect the breast from its remaining attachments along the serratus anterior fascia. Carefully mark the specimen using sutures and/or other labeling techniques to definitively orient the specimen for the pathologist. Examine the operative site for meticulous hemostasis and irrigate copiously with antibiotic solution. Insert a drain through a separate stab incision in the inferior skin flap and secure to the skin. Conduct an instrument, needle, sponge, and lap-pad count. Place subcutaneous sutures where appropriate to eliminate dead space. Reinspect flaps for viability and trim any areas as necessary. Re-approximate skin edges using interrupted and running subcuticular suture.

#### Description of Post-Service Work:

Through discharge from recovery: Apply sterile dressings. Monitor patient during reversal of anesthesia, protecting the wound so that wound disruption does not occur with an unrestrained cough. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from the OR to the recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Instruct nursing staff in care of drains, tubes, and other devices. Discuss procedure and outcome with family in waiting area, including results of any frozen sections, if available. Write brief operative note. Write postoperative note in recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Discharge patient from recovery room. Write patient-care orders and discuss floor care with nursing staff.

Later same day E/M: Review interval chart notes. Talk with patient and family. Evaluate flaps for viability and check for evidence of developing hematoma. Assess drain output. Assess extremity for edema, circulation, sensation and motor function. Assess pain score. Continue prophylaxis for DVT. Assess need for beta blockers, order as required. Assess need for antibiotics, order as required. Write orders for patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing and/or other staff questions.

Next day discharge management: Review interval chart notes. Talk with patient and family. Take down dressings. Evaluate flaps for viability and possible developing hematoma. Assess drain output. Redress wound. Assess extremity for edema, circulation, sensation and motor function. Assess pain score. Discuss home restrictions (ie, diet, activity, bathing) with patient and family members. Review drain care and management. Medications are reconciled and orders for discharge medications are written. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Review interval chart notes. Take down dressings. Evaluate flaps for viability and wound for infection and developing fluid collections. Assess drain output. Remove drain when appropriate. Remove sutures. Aspirate seroma(s), as required. Redress wound. Assess extremity for edema, circulation, sensation and motor function. Order physical therapy, as appropriate. Assess physical therapy progress. Assess pain score and order medication, as necessary. When available, review pathology findings and marker studies, and possible genetic analysis with the patient, family, referring physician(s), and appropriate consultants. Discuss need for postoperative adjuvant chemotherapy, post mastectomy radiation and/or hormonal therapy based on the pathology findings. Discuss case with oncologist, and radiation oncologist if indicated, and prepare documents for transmission to their offices. Discuss progress with medical and radiation oncologists if adjuvant therapy is indicated. Answer patient and family questions and reinforce instructions on wound care, activity, bathing and drain care. Enter progress notes into medical record. Discuss progress with PCP.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Eric Whitacre, MD, FACS; Charles Mabry, MD, FACS				
<b>Specialty(s):</b>	ASBS, ACS				
<b>CPT Code:</b>	19303				
<b>Sample Size:</b>	971	<b>Resp N:</b>	148	<b>Response:</b> 15.2 %	
<b>Description of Sample:</b>	A survey request was sent to a random selection of surgeons from the ASBS membership database and the ACS membership database of general surgeons.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	2.00	13.00	<b>30.00</b>	60.00	500.00
<b>Survey RVW:</b>	11.50	13.99	<b>15.00</b>	16.00	20.00
<b>Pre-Service Evaluation Time:</b>			<b>55.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>10.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>15.00</b>		
<b>Intra-Service Time:</b>	50.00	75.00	<b>90.00</b>	100.00	180.00
<b>Immediate Post Service-Time:</b>	<b>20.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>20.00</b>	99231x 1.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>86.00</b>	99211x 0.00 12x 0.00 13x 2.00 14x 1.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	19303	<b>Recommended Physician Work RVU: 15.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>40.00</b>	<b>40.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>3.00</b>	<b>3.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>15.00</b>	<b>20.00</b>	<b>-5.00</b>	
<b>Intra-Service Time:</b>	<b>90.00</b>			
<b>Please, pick the <u>post-service</u> 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)</b>				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>30.00</b>	<b>33.00</b>	<b>-3.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>86.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
19302	090	13.99	RUC Time

CPT Descriptor Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
60500	090	15.60	RUC Time

CPT Descriptor Parathyroidectomy or exploration of parathyroid(s);

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	18.00	RUC Time	6,589

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
60500	090	15.60	RUC Time	14,522

CPT Descriptor 2 Parathyroidectomy or exploration of parathyroid(s);

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 48      % of respondents: 32.4 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 25      % of respondents: 16.8 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>19303</u></b>	<b>Top Key Reference CPT Code: <u>19302</u></b>	<b>2nd Key Reference CPT Code: <u>60500</u></b>
Median Pre-Service Time	58.00	58.00	72.00
Median Intra-Service Time	90.00	100.00	120.00
Median Immediate Post-service Time	30.00	20.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	86.0	79.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>283.00</b>	<b>276.00</b>	<b>313.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.40	1.16
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.44	1.32
Urgency of medical decision making	0.13	0.68

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.42	-0.16
Physical effort required	0.73	0.76

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.75	-0.28
Outcome depends on the skill and judgment of physician	0.50	0.24
Estimated risk of malpractice suit with poor outcome	0.58	0.32

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.63	1.12
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In October 2015, code 19303 was identified as performed less than 50% of the time in the inpatient setting (2011-2013), yet include inpatient hospital E/M services within the global period. This service was also identified under the High Level E/M screen for services with Medicare utilization greater than 10,000 that has a 99214 included in the global period.

**Survey Sample**

A survey request was sent to a random selection of 971 surgeons from the ASBS membership database and the ACS membership database of general surgeons.

**Work RVU Recommendation**

We recommend the survey median work RVU of 15.00 for code. This is slightly less than the current work RVU.

**Pre-time Package 4**

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). Recommended times for the preservice categories are 40/3/15. The scrub, dress, wait time has been reduced by 5 minutes to be consistent with the survey median.

**Immediate Postoperative Time and Post-time Package 9b**

The median survey immediate post-operative time was 20 minutes. A majority of respondents (87%) indicated that the typical patient will stay overnight or be admitted. The respondents also indicated that the typical patient will require a E/M visit later the same day. Because CMS does not allow reporting inpatient E/M codes for procedures that will have a facility status of outpatient, we have added 10 minutes (total = 30



minutes) to the survey immediate post-time to reflect time for a visit later on the same day. We note that 30 minutes is less than the time for the recommended post-time package.

### **Post-operative Office Visits**

First visit (99213): (Because the patient is typically discharged the day after surgery, the first visit will occur one to two days after discharge.) Take down dressings. Evaluate flaps for viability and wound for infection and developing fluid collections. Assess drain output. Redress wound. Assess extremity for edema, circulation, sensation and motor function. Assess pain score and order medication, as necessary. Answer patient and family questions and reinforce instructions on wound care, activity, bathing and drain care. Enter progress notes into medical record.

Second visit (99214): Take down dressings. Evaluate wound for infection. Remove drain. Redress wound. Assess extremity for edema, circulation, sensation and motor function. Assess pain score and order medication, as necessary. Review pathology findings and marker studies, and possible genetic analysis with the patient, family, referring physician(s), and appropriate consultants. Discuss need for postoperative adjuvant chemotherapy, post mastectomy radiation and/or hormonal therapy based on the pathology findings. Discuss case with oncologist, and radiation oncologist if indicated, and prepare documents for transmission to their offices. Answer patient and family questions and reinforce instructions on wound care, activity, and bathing. Enter progress notes into medical record. Discuss progress with PCP.

Third visit (99213): Take down dressings. Evaluate wound for infection. Remove any remaining sutures. Redress wound. Assess extremity for edema, circulation, sensation and motor function. Order physical therapy, as appropriate. Assess pain score and order medication, as necessary. Discuss any additional required postoperative adjuvant therapy with patient and answer patient questions. Review again with patient and family the alternatives for post-mastectomy reconstructive procedures and possible plastic surgery consultation or follow-up as discussed preoperatively. Enter progress notes into medical record. Discuss progress with medical and radiation oncologists if adjuvant therapy is indicated.

### **Key Reference Comparison**

Although the CPT descriptor states "simple", 19303 is a "total" mastectomy. Simple was used in comparison to "radical" mastectomy and was initially considered a palliative "amputation" of the breast, with no attention to oncologic principles, possible reconstruction, etc. Compared to lumpectomy with axillary dissection (19302), the procedure is in a completely different tissue plane with different risks - mostly involving control of tributary blood vessels along the sternal border (these come from the internal mammary artery) and the lateral thoracic artery and vein in the axilla (which arise from the axillary vessels.) These are the vessels that can result in substantial bleeding post mastectomy and are almost never an issue in lumpectomy. These differences make 19303 more complex and intense than 19302. In addition, during the axillary dissection for a lumpectomy, the axillary vessels are avoided, increasing the time of lower intensity work for 19302 (ie, additional 10 minutes intra-time). For a mastectomy, the axillary vessels must be individually ligated, increasing the intensity.

Another significant difference between 19302 and 19303 is that patients undergoing 19302 will almost always go home the same day, whereas the patients undergoing 19303 will almost always stay overnight or be admitted for several days. This increases the post-operative work on the day of the procedure and the subsequent day for 19303 when compared with 19302. Given the CMS policy regarding "outpatient" coding, this nuance is lost because both codes will have 0.5 x 99238 in a data table. However, there is no question that 19303 is more total work than 19302.

**Other Comparison Codes to Support a work RVU of 15.00**

RUC	CPT	Long Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	-38	-14	-13	-12
	<b>19303</b>	<b>Mastectomy</b>	<b>15.00</b>	<b>0.102</b>	<b>283</b>	<b>58</b>	<b>90</b>	<b>30</b>	<b>0.5</b>	<b>1</b>	<b>2</b>	<b>1</b>
2010	<b>29915</b>	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	<b>15.00</b>	0.108	<b>270</b>	63	<b>90</b>	20	0.5		2	2
2010	<b>29916</b>	Arthroscopy, hip, surgical; with labral repair	<b>15.00</b>	0.108	<b>270</b>	63	<b>90</b>	20	0.5		2	2
2014	<b>58571</b>	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	<b>15.00</b>	0.119	<b>241</b>	56	<b>90</b>	30	0.5		2	
2008	<b>63620</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	<b>15.60</b>	0.136	<b>195</b>	25	<b>90</b>	15	0.5		2	
2015	<b>67108</b>	Repair of retinal detachment; with vitrectomy	<b>15.19</b>	0.092	<b>295</b>	51	<b>90</b>	20	0.5		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. 38525 Biopsy or excision of lymph node(s); open, deep axillary node(s)

**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19303

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery

How often? Sometimes

Specialty

How often?

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 24,292 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 general surgery	Frequency 21000	Percentage 86.44 %
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency 0	Percentage 0.00 %
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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:

Breast

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### **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 19303

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Mastectomy  
TAB: 15

SOURCE	CPT	DESC	Resp	IWPUT	RVW					Total Time	PKG PRE	PRE			INTRA					POST-FACILITY				POST-OFFICE				
					MIN	25th	MED	75th	MAX			EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	POST	31	38	15	14	13	12	11
REF1	19302	Mastectomy, partial (eg, lumpectomy)	48	0.089			13.99			276		40	3	15			100			20			0.5		1	1	1	
REF2	60500	Parathyroidectomy or exploratory	25	0.086			15.60			313		40	12	20			120			40			0.5			2	1	
current	19303	Mastectomy, simple, complete		0.098			15.85			314		30	15	15			90			20		1	1		1	2		
SVY	19303	Mastectomy, simple, complete	148	0.083	11.50	13.99	15.00	16.00	20.00	334		55	10	15	50	75	90	100	180	20		1*	1*		1	2		
REC	19303	Mastectomy, simple, complete		0.102			15.00			283	4	40	3	15			90			30**	9b		0.5		1	2		

\*Typical is overnight w-visit same day  
\*\*Moved 10 min intra for 99231 to immed-post time

**Tab Number: 15**


**Issue: Mastectomy**

**Code(s): 19303**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	Charles Mabry, MD, FACS
<b>Specialty Society:</b>	American College of Surgeons
<b>Date:</b>	April 4, 2016

**Tab Number: 15**

**Issue: Mastectomy**

**Code(s): 19303**

**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.)

<b>Signature:</b>	<i>Eric B. Whitacre</i>
<b>Print Name:</b>	Eric Whitacre, MD, FACS
<b>Specialty Society:</b>	American Society of Breast Surgeons
<b>Date:</b>	April 4, 2016

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

**\*\*\*\*NOTE – This is a Facility-only code, non-Facility direct inputs do not apply.\*\*\***

<b>19303</b>	Mastectomy, simple, complete
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Global Period: 090 Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The ASBS and ACS RUC Advisors reviewed the current PE details for 19303.

**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:**

Supplies

- Most of the supply items have been deleted as not typical in current practice or the quantity has been reduced.
- We have replaced the staple removal pack (SA052) with a suture removal pack (SA054) as more appropriate. We also indicate 2 packs; one will be used early in the post op period for drain removal and one will be used after 10-14 days for wound suture removal.
- The needle/syringe/alcohol pad quantity has been changed to one each. These items are will be used for seroma care.

Equipment time

Surgical light and exam table have been replaced with exam light and power table as standard equipment in a general surgeon's office exam room.

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

Clinical staff will coordinate diagnostic and referral forms, pre-surgery services, and scheduling space and equipment in the facility. In addition, clinical staff will communicate with the patient regarding the procedure and pre-procedure instructions.

Intra-Service Clinical Labor Activities:

Clinical staff will assist surgeon with discharge coordination, office follow up, and responding to patient/family questions.

Post-Service Clinical Labor Activities:

At each office visit, clinical staff assist surgeon.

AMA Specialty Society Recommendation

	A	B	C	D	E	F	G
1				<b>REF CODE</b>		<b>Recommend</b>	
2				<b>19303</b>		<b>19303</b>	
3	Meeting Date: April 2016 Tab: 15 Specialty: ASBS, ACS	CMS Code	Staff Type	Mastectomy, simple, complete		Mastectomy, simple, complete	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			090	090	090	090
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	N/A	197	N/A	191
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	60	0	60
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	12	0	6
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	125	0	125
10	<b>PRE-SERVICE</b>						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7
18	End: When patient enters office/facility for surgery/procedure						
19	<b>SERVICE PERIOD</b>						
20	Start: When patient enters office/facility for surgery/procedure:						
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	n/a		n/a	6
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a	12	n/a	
46	End: Patient leaves office						
47	<b>POST-SERVICE Period</b>						
48	Start: Patient leaves office/facility						
50	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
51	99211 16 minutes		16				
52	99212 27 minutes		27				
53	99213 36 minutes		36		2		2
54	99214 53 minutes		53		1		1
55	99215 63 minutes		63				
56	Total Office Visit Time	L037D	RN/LPN/MTA	0	125	0	125
58	End: with last office visit before end of global period						
59	<b>MEDICAL SUPPLIES*</b>		<b>CODE</b>	<b>UNIT</b>			
60	pack, minimum multi-specialty visit	SA048	pack		3		3
61	drape, non-sterile, sheet 40in x 60in	SB006	item		3		0
62	pack, post-op incision care (staple)	SA052	pack		1		0
63	pack, post-op incision care (suture)	SA054	pack		ADD		2
64	swab-pad, alcohol	SJ053	item		2		1
65	needle, 18-27g	SC029	item		2		1
66	syringe 20ml	SC053	item		2		1
67	lidocaine 1%-2% inj (Xylocaine)	SH047	ml		4		0
68	stop cock, 3-way	SC049	item		2		0
69	syringe 20ml	SC053	item		2		0
70	gauze, sterile 4in x 4in	SG055	item		8		0
71	basin, emesis	SJ010	item		2		0
72	povidone soln (Betadine)	SJ041	ml		20		0
73	bandage, strip 0.75in x 3in (Bandaid)	SG021	item		2		0
74	<b>EQUIPMENT</b>		<b>CODE</b>				
75	light, surgical	EF014			125		0
76	table, exam	EF023			125		0
77	light, exam	EQ168			ADD		125
78	table, power	EF031			ADD		125



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*Harvard Valued – Utilization Over 30,000/High Volume Growth\**

April 2016

**Injection for Knee Arthrography**

In October 2015, AMA staff re-ran the Harvard valued codes with utilization over 30,000 based on 2014 Medicare claims data and this service was identified. CPT code 27370 was also identified as a service on the high volume growth screen with Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013 and the CMS High Expenditure Codes list in the Final Rule for 2016.

This service was previously reviewed in January 2014, in which the specialty societies noted that, at the February 2014 CPT Editorial Panel meeting, a Code Change Proposal (CCP) was submitted to address the high growth of this code. The Panel approved editorial revisions replacing the term “procedure” for “of contrast.” This revision to the descriptor clarifies that the correct use of 27370 is to describe the injection of contrast into the knee joint space for arthrography only. The specialty societies noted that the high volume growth for this procedure is likely due to its being reported incorrectly as arthrocentesis or aspiration. The correct reporting of those services is CPT code 20610 *Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance* (work RVU= 0.79).

**27370 Injection of contrast for knee arthrography**

The specialty society indicated that CPT code 27370 was initially scheduled to be surveyed for the October 2016. However, this code was put on the Level of Interest (LOI) for the April 2016 RUC meeting. The specialty society still intends to survey this code for the following meeting in October 2016. **The RUC recommends deferral to October 2016 for CPT code 27370.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
27370	Injection of contrast for knee arthrography	000	Defer to October 2016 RUC meeting

April 5, 2016

Peter K. Smith, MD  
Chair  
Relative Value Scale Update Committee  
AMA Plaza  
330 N. Wabash Ave.  
Chicago, IL 60611-5885

**Re: Tab 16, Injection for Knee Arthrography (27370)**

Dear Dr. Smith:

CPT code 27370 (*Injection for Knee Arthrography*) was identified by CMS as potentially misvalued in the 2016 MPFS NPRM. In October of 2015, the ACR shared with AMA staff our expected calendar for review of the codes in the NPRM. The ACR indicated our intention to survey this code in October of 2016. However, the code appeared on the LOI for the April 2016 RUC meeting. The ACR re-iterates our intent to survey for the October 2016 meeting and is not presenting recommendations at the April 2016 RUC meeting.

Sincerely,



Ezequiel Silva III, MD, FACR  
ACR RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*High Volume Growth\**

April 2016

**Application of Rigid Leg Cast**

In October 2015, AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013 and code 29445 was identified. In January 2016 the RAW indicated that the dominant provider has changed, there is high volume growth and it was surveyed more than 10 years ago.

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

The RUC reviewed the survey results from 59 practicing physicians and agreed with the following time components: pre-service time of 23 minutes, intra-service time of 25 minutes and immediate post-service time of 10 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the current work RVU of 1.78 is appropriate, which is below the survey 25<sup>th</sup> percentile (work RVU= 1.90). The RUC noted an increase in total time to 58 from current 50 minutes due to the appropriate pre-service package being used and the adjustment to include pre-service evaluation time of 13 minutes, pre-service position time of 5 minutes, and pre-service scrub, dress, and wait time of 5 minutes. The RUC discussed the intra-service time for this code to decipher if the physician is performing the application of the cast. It was determined that the cast requires precise application and it is imperative that the physician or podiatrist apply the cast, utilizing clinical staff to assist. The patient is prone with knee flexed at 90 degrees and ankle maintained in neutral position during application. Further, as the cast is applied, shaping is important to achieve total contact. It was noted that this patient population often suffer from diabetic ulcers and severe infections that put them at risk of an amputation. The management of foot ulcers requires offloading the wound. Offloading of the ulcerated area is imperative; requiring bed rest or footwear. Total contact casting for patients who are ambulatory has become the gold standard for off-loading. The RUC compared code 29445 to the primary key reference service 29450 *Application of clubfoot cast with molding or manipulation, long or short leg* (work RVU= 2.08, intra time= 20 minutes) and noted the physician work and time are comparable. **The RUC recommends a work RVU of 1.78 for CPT code 29445.**

**Practice Expense:**

A detailed discussion was convened that CPT code 29445 is a 0-day global code for the application of a rigid leg cast. CPT guidelines and CMS policy indicate that casting and strapping procedures include removal of cast or strapping. Therefore, 22 minutes for the physician and clinical staff to remove the cast on a subsequent date is included in the post-service period of the casting code. The RUC approved the direct practice expense inputs with minor modifications as approved by the PE Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
29445	Application of rigid total contact leg cast	000	1.78 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 29445	Tracking Number	Original Specialty Recommended RVU: <b>1.78</b>
		Presented Recommended RVU: <b>1.78</b>
Global Period: 000		RUC Recommended RVU: <b>1.78</b>
CPT Descriptor: Application of rigid total contact leg cast		

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old presents with a diabetic neuropathic ulcer on the weight-bearing surface of the foot without deep infection. An anatomically conforming composite short-leg walking cast covering the toes is applied.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

### Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review chart with general medical and surgical history update, including current medications and allergies. Perform physical examination, which includes evaluating neurological and vascular status, along with a dermatologic and musculoskeletal examination of the foot, ankle, and lower leg, as well as examination of the ulcer. Conduct proper patient screening to exclude those with deep infection, excessive edema, or excessively fragile skin. Explain procedure to patient and family. Review all risks and complications (eg, joint stiffness, muscle atrophy, skin abrasions, new ulcerations, and malodorous drainage). Review postoperative course of therapy and need for repeated cast changes. Obtain informed consent. Verify all required instruments and supplies are available. Perform time out. Patient is positioned supine with an assistant holding the foot with the ankle in neutral position and the knee flexed at 90 degrees.

Description of Intra-Service Work: In supine position, a sterile foam dressing is applied to the ulcer area and proximally on the calf and secured with tape. A stockinette is placed over the foot, extending to the knee and pulled forward to cover the toes. The stockinette is folded approximately 2 to 4 inches over the dorsum of the foot and the excess is trimmed and secured with plastic tape. A strip of felt is placed along the anterior crest of the tibia with flaps covering the malleoli. Adhesive foam is folded lengthwise to cover the toes completely, with the top and bottom sticking to the stockinette, and the excess from each side trimmed. Next, the patient is repositioned prone with an assistant holding the foot with the knee flexed at 90 degrees and the ankle in neutral position. Cast padding is applied around the leg, overlapping slightly at the shin area, with attention to avoiding crimping materials in toe or heel/ankle areas during application. A four inch casting roll is wetted and wrapped around the foot and leg from distal to proximal, being certain to make all tucks or folds of excess plaster over the padded areas only. Next, a three inch roll is wetted and applied in the same fashion. A posterior splint from 4-inch fiberglass is fabricated without wetting the material, extending from the toes to the most proximal part of casting material. This splint is placed so any excess material hangs over the width of the foot medially to be able to roll this inward to fill any void in the arch area, as necessary. Another posterior splint with 3-inch fiberglass is fashioned without

wetting it and cut it in the appropriate place for the walking heel to show through. Finally, a layer of wet 4-inch roll of fiberglass is applied to finish the cast.

Description of Post-Service Work: Write brief procedure note in patient chart. Assess circulation, sensation, and motor function of the extremity. Discuss home restrictions (ie, activity, bathing) with the patient and family. Provide the patient with an instruction sheet and an emergency removal instruction card that should be carried in case of an emergency. Dictate procedure for medical record, copy PCP and insurance. At a subsequent visit, the cast will be removed and the leg cleaned.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Timothy Tillo, DPM; Pete Mangone, MD; William Creevy, MD; John Heiner, MD				
<b>Specialty(s):</b>	APMA, AAOS, AOFAS				
<b>CPT Code:</b>	29445				
<b>Sample Size:</b>	1025	<b>Resp N:</b>	59	<b>Response:</b>	5.7 %
<b>Description of Sample:</b>	random selection from each society's membership database				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	20.00	28.00	150.00
<b>Survey RVW:</b>	1.00	1.90	2.08	2.30	3.02
<b>Pre-Service Evaluation Time:</b>			20.00		
<b>Pre-Service Positioning Time:</b>			5.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			5.00		
<b>Intra-Service Time:</b>	15.00	20.00	25.00	30.00	60.00
<b>Immediate Post Service-Time:</b>	<u>5.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	29445	<b>Recommended Physician Work RVU: 1.78</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	13.00	13.00	0.00	
<b>Pre-Service Positioning Time:</b>	5.00	1.00	4.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	6.00	-1.00	
<b>Intra-Service Time:</b>	25.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	10.00	18.00	-8.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
29450	000	2.08	RUC Time

CPT Descriptor Application of clubfoot cast with molding or manipulation, long or short leg**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
29405	000	0.80	RUC Time

CPT Descriptor Application of short leg cast (below knee to toes);**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55876	000	1.73	RUC Time	15,086

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90937	000	2.11	RUC Time	66,247

CPT Descriptor 2 Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 66.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 11      % of respondents: 18.6 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>29445</u></b>	<b>Top Key Reference CPT Code: <u>29450</u></b>	<b>2nd Key Reference CPT Code: <u>29405</u></b>
Median Pre-Service Time	23.00	10.00	7.00
Median Intra-Service Time	25.00	20.00	15.00
Median Immediate Post-service Time	10.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>58.00</b>	<b>35.00</b>	<b>27.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.97	0.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.13	1.09
Urgency of medical decision making	0.69	0.36

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.62	1.09
Physical effort required	0.69	0.82

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.41	0.82
Outcome depends on the skill and judgment of physician	0.82	1.00
Estimated risk of malpractice suit with poor outcome	0.72	1.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.54	1.27
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Code 29445 was identified by the RAW through a screen of services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The specialty societies provided information to the RAW to explain the growth in utilization. Specifically, according to the National Institute of Diabetes and Digestive and Kidney Diseases, an estimated 21 million people in the U.S. have diabetes. Among patients with diabetes, 15% develop a foot ulcer, and 12-24% of individuals with a foot ulcer require amputation. Every year approximately 5% of diabetics develop foot ulcers and 1% require amputation. The management of diabetic foot ulcers requires offloading the wound. Offloading of the ulcerated area is imperative; requiring bed rest or footwear. Total contact casting for patients who are ambulatory has become the gold standard for off-loading. Further, the typical patient (diabetic) and typical diagnosis (chronic ulcer of skin) related to code 29445 has not changed since the code was last reviewed. What has changed is the incidence of the disease and the incidence of ulcers as discussed above. The cast described by 29445 is also used for Charcot fractures which are directly related to diabetes. Therefore, it is not surprising that the Medicare utilization for code 29445 is increasing. This is consistent with the increasing incidence of diabetes and the aging population. The RAW accepted this information, but indicated that code 29445 had not been reviewed in over ten years and the dominant provider had changed. The RAW requested code 29445 be surveyed.

**Survey Sample**

A survey request was sent to a random selection of 1,025 podiatrists and surgeons from the APMA, AAOS, and AOFAS membership database.

**Recommendation**

**We recommend maintaining the work RVU of 1.78 for code 29445.** The work to perform this procedure has not changed since this code was last reviewed in 1994.

### Pre-time Package 1a

We recommend pre-time package 4 (*Straightforward Patient/Straightforward Procedure, No sedation/anesthesia care*), **Recommended times for the preservice categories are 13/5/5.** An additional 4 minutes has been added for positioning (*The patient is initially positioned supine for dressing, padding, and stockinette application, and the repositioned prone for cast application*). The scrub, dress, wait time has been reduced by 1 minute to be consistent with the survey median.

### Post-time Package 7a

We recommend post-time package 7a (*Local Anesthesia/ Straightforward Procedure*), with a reduction of 8 minutes to be consistent with the survey median. This procedure will not involve anesthesia, but a minimum of 10 minutes is necessary for post-service work including: assessing circulation, sensation, and motor function of the extremity, discussing home restrictions (ie, activity, bathing) with the patient and family, dictating the procedure for medical record, and removal of cast at a subsequent visit.

### Key Reference Services (KRS)

Total work for 29445 and 29450 is similar. Code 29450 includes manipulation/stretching of an infant's foot prior to application of a conforming cast, while 29445 includes attention to dressings/padding of active ulcer(s) and pressure points for a walking conforming cast. The work for 29405 does not include this extra work and appropriately has a lower work RVU.

### Other Comparison Codes

The table below provides a list of recently reviewed codes that have similar work RVUs, total-time and intra-time. This list of multi-specialty codes support the recommended work RVU of 1.78 for code 29445.

RUC	CPT	DESCRIPTOR	RVW	IWPUT	TOTAL MIN	INTRA MIN
2014	<b>70496</b>	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>1.75</b>	0.076	30	20
2014	<b>70498</b>	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>1.75</b>	0.076	30	20
2008	<b>93351</b>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	<b>1.75</b>	0.071	35	20
2009	<b>75572</b>	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)	<b>1.75</b>	0.065	40	20
2013	<b>70552</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	<b>1.78</b>	0.076	32	20
2013	<b>72142</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	<b>1.78</b>	0.068	33	23
2013	<b>72147</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	<b>1.78</b>	0.068	33	23
2013	<b>72149</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	<b>1.78</b>	0.068	33	23
2015	<b>74713</b>	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	<b>1.78</b>	0.051	35	35

RUC	CPT	DESCRIPTOR	RVW	IWPUT	TOTAL MIN	INTRA MIN
	<b>29445</b>	Application of rigid total contact leg cast	<b>1.78</b>	0.049	53	25
2007	<b>45320</b>	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	<b>1.78</b>	0.046	58	23
2014	<b>45350</b>	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	<b>1.78</b>	0.048	60	20
2015	<b>37252</b>	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	<b>1.80</b>	0.088	22	20
2010	<b>93464</b>	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	<b>1.80</b>	0.060	30	30
2010	<b>11047</b>	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)	<b>1.80</b>	0.059	31	30
2013	<b>64646</b>	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	<b>1.80</b>	0.068	40	20
2014	<b>64489</b>	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	<b>1.80</b>	0.066	45	20
2007	<b>45315</b>	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	<b>1.80</b>	0.054	55	20
2013	<b>72191</b>	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>1.81</b>	0.063	35	25
1993	<b>71555</b>	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	<b>1.81</b>	0.051	43	30
2015	<b>64463</b>	Paravertebral block (PVB) (paraspinal block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	<b>1.81</b>	0.056	54	20
2008	<b>64416</b>	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	<b>1.81</b>	0.049	60	20
2008	<b>64449</b>	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	<b>1.81</b>	0.049	60	20
2008	<b>64446</b>	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)	<b>1.81</b>	0.045	64	20

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 29445

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry                      How often? Commonly

Specialty orthopaedic surgery                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

31,001 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty podiatry	Frequency 14900	Percentage 48.06 %
--------------------	-----------------	--------------------

Specialty orthopaedic surgery	Frequency 3500	Percentage 11.28 %
-------------------------------	----------------	--------------------

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 29445

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Application of Rigid Leg Cast

TAB: 17

SOURCE	CPT	DESC	Resp	IWPUT	RVW					Total	pre	PRE			INTRA					POST-FACIL	
					MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG
REF1	29450	Application of clubfoot cast with molding of foot	39	0.087			2.08			35		10				20				5	
REF2	29405	Application of short leg cast (below knee to ankle)	11	0.035			0.80			27		7				15				5	
current	29445	Application of rigid total contact leg cast		0.044			1.78			50		15				30				5	
SVY	29445	Application of rigid total contact leg cast	59	0.050	1.00	1.90	2.08	2.30	3.02	65		20	5	5	15	20	25	30	60	10	
REC	29445	Application of rigid total contact leg cast		0.044			1.78			58	1a	13	5	5		25				10	7a

**Tab Number: 17**


**Issue: Application of Rigid Leg Cast**

**Code(s): 29445**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	William Creevy, MD
<b>Specialty Society:</b>	American Academy of Orthopaedic Surgeons
<b>Date:</b>	April 4, 2016



**Tab Number: 17**

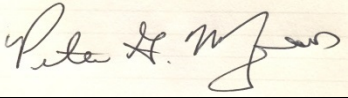
**Issue: Application of Rigid Leg Cast**

**Code(s): 29445**

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<b>Signature:</b>	
<b>Print Name:</b>	Peter Mangone, MD
<b>Specialty Society:</b>	American Orthopaedic Foot and Ankle Society
<b>Date:</b>	April 4, 2016

**Tab Number: 17**

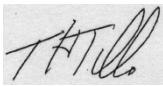
**Issue: Application of Rigid Leg Cast**

**Code(s): 29445**

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<b>Signature:</b>	
<b>Print Name:</b>	Timothy Tillo, DPM
<b>Specialty Society:</b>	American Podiatric Medical Association
<b>Date:</b>	April 4, 2016

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non-Facility and Facility Direct Inputs**

<b>29445</b>	Application of rigid total contact leg cast
--------------	---

Global Period: 000      Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

Code 29445 is a 000 global code and is not typically reported with an E/M service.

The APMA, AAOS, and AOFAS RUC and HCPAC Advisors reviewed the current PE details for 29445. We discussed the fact that even though cast application codes have a 000 global period, the cast removal on a subsequent date is included and not separately reportable. We also discussed the overall PEAC review of casting codes, where considerable time was spent discussing how much time each type of cast would require for removal and that the approved time was placed in the post-service time category for clinical staff. The specialties agree that this methodology should be maintained and that when the PE spreadsheet is updated and activity codes are assigned, that a code be created for "removal of cast".

**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:**

Casting involves both wet and dry dressings/materials. Three additional minutes have been added to "Prepare room, equipment, supplies" to account for setting up for the casting procedure.

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

			current		rec		
MEDICAL SUPPLIES	CODE	UNIT	NF	FAC	NF	FAC	Compelling Rationale / Discussion
pack, minimum multi-specialty visit	SA048	pack			1	0	On the day of the procedure, the patient will typically remove their pants and require a gown. They will be positioned supine on the table and then repositioned prone during the casting procedure.
drape, non-sterile, sheet 40in x 60in	SB006	item	2	1	1	1	When the cast is removed at a subsequent visit, a sheet will be needed to protect the patient from the dust of sawing off the cast.
gloves, non-sterile	SB022	pair	5	1	2	2	Gloves are included in the multispecialty pack applied to the visit when the cast is placed. When the cast is removed, both the physician and staff will require gloves.
underpad 2ft x 3ft (Chux)	SB044	item	2	0	2	0	Casting is a wet procedure. A Chux will be used under the patient and also on the surface that holds the waterbath and supplies.

5. Please describe in detail the clinical activities of your staff:

**Pre-Service Clinical Labor Activities: - N/A**

**Intra-Service Clinical Labor Activities: - NON-FACILITY ONLY**

**On the day of the cast placement,** staff will greet the patient, provide gowning, ensure appropriate medical records are available; provide pre-service education; prepare room, equipment, supplies; prepare and assist with positioning the patient; assist physician with the casting procedure; monitor the patient while the cast dries; clean the room; and review home care instructions and ability to ambulate.

**Post-Service Clinical Labor Activities – BOTH FACILITY AND NON-FACILITY**

**On the day of the cast application:** Staff will contact the patient to answer any questions about cast care, pain, ambulation, etc. Three minutes for a phone call has been applied.

**NOTE:** Code 29445 is a 0-day global code for application of a rigid leg cast. CPT guidelines and CMS policy indicate that casting and strapping procedures include removal of cast or strapping. Therefore, the physician and clinical staff time to remove the cast on a subsequent date is included in the post-service period of the casting code.

**On a subsequent date, cast removal will be perform:** Staff will assist the physician in removal of the cast at a subsequent visit. The 22 minutes previously approved for staff assistance with cast removal includes the following elements:

- Review charts, greet patient, provide education (3 min)
- Prepare room, equipment, supplies (3 min)
- Assist physician in performing procedure (10 min)
- Clean room/equipment by physician staff (3 min)
- Conduct phone calls/call in prescriptions/ lab slips completed, call lab (3 min)

	A	B	C	D	E	F	G
1				CURRENT DATA		RECOMMEND	
2	REVISED 4-28-2016			29445		29445	
3	Meeting Date: April 2016 Tab: 17 Specialty: APMA, AOFAS, AAOS	CMS Code	Staff Type	Application of rigid total contact leg cast		Application of rigid total contact leg cast	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	83	28	72	25
7	TOTAL PRE-SERV CLINICAL LABOR TIME			0	0	0	0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	55	0	47	0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	28	28	25	25
10	PRE-SERVICE						
19	SERVICE PERIOD						
20	Start: When patient enters office/facility for surgery/procedure:						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	2		2	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	3		0	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	5		5	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2	
29	Intra-service						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	30		25	
32	Post-Service						
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA	5		5	
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3	
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	5		5	
46	End: Patient leaves office						
47	POST-SERVICE Period						
48	Start: Patient leaves office/facility						
49	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	6	6	3	3
57	Other Clinical Activity - specify: REMOVE CAST	L037D	RN/LPN/MTA	22	22	22	22
58	End: with last office visit before end of global period						
59	MEDICAL SUPPLIES*	CODE	UNIT				
60	pack, minimum multi-specialty visit	SA048	pack			1	
61	drape, non-sterile, sheet 40in x 60in	SB006	item	2	1	1	1
62	gloves, non-sterile	SB022	pair	5	1	2	2
63	underpad 2ft x 3ft (Chux)	SB044	item	2		2	
64							
65	EQUIPMENT	CODE					
66	table, power	EF031				69	22
67	light, exam	EQ168				69	22
68	cast cart	EQ080		40	10	69	22
69	cast cutter	EQ081		10	10	22	22
70	cast vacuum	EQ082		10	10	22	22

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures\**

April 2016

**Strapping Multi-Layer Compression**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 29580 *Strapping; Unna boot* was identified via this screen and 29581 *Application of multi-layer compression system; leg (below knee), including ankle and foot* was added as part of this family of services.

At the April 2016 RUC meeting, the specialty societies indicated that the vignettes were flawed. The specialty societies will be submitting revised vignettes to the Research Subcommittee for approval. Additionally, the Research Subcommittee will review an instructional note about precision in time by the specialty societies. CMS also indicated that the family should include three codes for the upper arm, CPT codes 29582, 29583, and 29584. However, the RUC found that these codes are performed by different specialties than those involved in this code group. The RUC decided CPT codes 29582, 29583, and 29584 should be placed on the LOI for the October RUC meeting, in addition to CPT codes 29580 and 29581, so that appropriate specialties could opt in to survey them. **The RUC recommends that the specialty societies revise the vignettes for CPT code 29580 and 29581 and resurvey for the October 2016 RUC meeting.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
29580	Strapping; Unna boot	000	Resurvey for Oct 2016 RUC meeting
29581 (f)	Application of multi-layer compression system; leg (below knee), including ankle and foot	000	Resurvey for Oct 2016 RUC meeting

April 5, 2016

Peter Smith, MD, FACS  
Chair, AMA/RUC  
American Medical Association  
330 N. Wabash Ave.  
Chicago, IL 60611

**Subject: Tab 18 Strapping/Multi-Layer Compression (29580, 29581)**

Dear Dr. Smith:

The American College of Surgeons (ACS), Society for Vascular Surgery (SVS) and American Podiatric Medical Association (APMA) are writing to request a resurvey of codes 29580 and 29581 in Tab 18, Strapping Multi-Layer Compression.

We used the vignettes in the RUC database for our survey and found that for code 29580 almost 50 percent of the respondents indicated they disagreed with the vignette because it indicated Unna boot was placed for edema instead of stasis ulcer. In fact a good number of respondents did not provide data for this code because they "would never place an Unna boot for edema." We plan to submit revised vignettes to Research Subcommittee that reflect the typical patient undergoing these services.

We also noted that over 90 percent of the respondents for both codes indicated intra-time in increments of 5 minutes. For our resurvey, we plan to use the new survey text that AMA staff is drafting for review by the RUC Time/Intensity Workgroup: *"....The Vice Chair noted that survey respondents often appear to round time estimates to the nearest multiple of 5 minutes. Several Workgroup members concurred with this observation with some noting that, for very long procedures, those respondents appear to round to the closest 15 minutes. The Chair suggested that making the language in the survey instrument even more explicit by finding a more eye-catching manor to ask the respondent to put their time estimates to the nearest minute. It was noted that the RUC regularly looks at differences between service times that are less than 5 minutes, while the survey respondents may not necessarily use that same granularity. The Chair requested for AMA staff to draft potential language for the Workgroup to consider at its next meeting in April 2016."*

We have attached the survey summary data for information. We will resurvey both codes after Research Subcommittee approval of revised vignettes and RUC Time/Intensity Workgroup development of additional survey text to obtain more precise estimates.

We will be available to answer questions at the upcoming meeting.

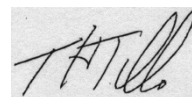
Sincerely,



Charles Mabry, MD, FACS  
ACS RUC Advisor



Mathew Sideman, MD, FACS  
SVS RUC Advisor



Timothy Tillo, DPM  
APMA HCPAC Advisor

Attachment

					RVW				Total Time	PRE			INTRA					POST- P-SD	SURVEY EXPERIENCE					TYP?	
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th		MAX	EVAL	POSIT	SDW	MIN	25th	MED	75th		MAX	MIN	25th	MED	75th		MAX
REF1	29405	Application of short leg cast (below knee)	26	0.035			0.80			27	7				15			5							
REF2	29515	Application of short leg splint (calf to knee)	17	0.037			0.73			23	5				15			3							
current	29580	Strapping; Unna boot		0.019			0.55			27	5	2	1		12			7							
SVY	29580	Strapping; Unna boot	84	0.031	0.39	0.60	0.73	0.80	1.01	31	10	3	3	5	10	10	15	30	5	0	10	20	100	1000	57%

**29580 Vignette:** A 70-year-old male with non-insulin-dependent diabetes presents with edema of the right lower extremity secondary to venous insufficiency. The decision is made to apply strapping using an Unna boot.

					RVW				Total Time	PRE			INTRA					POST- P-SD	SURVEY EXPERIENCE					TYP?	
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th		MAX	EVAL	POSIT	SDW	MIN	25th	MED	75th		MAX	MIN	25th	MED	75th		MAX
REF1	29405	Application of short leg cast (below knee)	28	0.035			0.80			27	7				15			5							
REF2	29515	Application of short leg splint (calf to knee)	21	0.037			0.73			23	5				15			3							
current	29581	Application of multi-layer compression dressing		-0.001			0.25			27	7				15			5							
SVY	29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	84	0.032	0.35	0.60	0.75	0.80	1.01	32	10	3	4	5	10	10	15	35	5	0	5	14	50	300	94%

**29581 Vignette:** A 50-year-old female returns to the office for treatment of a medial calf ulcer. It measures 3 cm x 3 cm and demonstrates no signs of infection. She has palpable pedal pulses. Pigmented skin changes in the gaiter distribution of both lower extremities are consistent with chronic venous insufficiency. The wound is examined and cleansed, and a multi-layer venous ulcer compression dressing is applied.



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
***Harvard Valued – Utilization Over 30,000***

April 2016

**Resection Inferior Turbinate**

In October 2015, AMA staff re-ran the Harvard valued codes with utilization over 30,000 based on 2014 Medicare claims data. CPT code 30140 was identified and recommended to be surveyed.

**30140 *Submucous resection inferior turbinate, partial or complete, any method***

The RUC reviewed the survey responses from 166 otolaryngologists and determined that the current work RVU of 3.57, below the survey 25<sup>th</sup> percentile work RVU of 3.89, was validated. The RUC recommends 30 minutes of pre-service evaluation time, 3 minutes of pre-service positioning time, 10 minutes of pre-service scrub/dress/wait time, 20 minutes of intra-service time, 15 minutes immediate post-service time, ½ day 99238 discharge day management and two 99213 Evaluation and Management office visits. The RUC noted that the previous physician time is Harvard valued over 25 years ago and should not be used in comparison to the current survey time.

The RUC compared the surveyed code to 67914 *Repair of ectropion; suture* (work RVU= 3.75, intra-service time of 20 minutes) as it has identical intra time and requires similar physician work to perform. The RUC also referenced CPT code 33282 *Implantation of patient-activated cardiac event recorder* (work RVU = 3.50 and 25 minutes intra-service time) to support the recommended work RVU and time for 30140 as it is a relative similar service.

This service is typically performed under general anesthesia in the outpatient hospital setting. Therefore, the RUC indicated that the ½ day discharge day management service is appropriate as the patient will still be discharged. The RUC agreed that two 99213 office visits are necessary in order to perform the following work:

- Visit #1: Examine patient, evaluating the incision site and nasal cavity for crusting, hematoma or synechiae. Clear nasal cavity of crusting. Assess for any complications including scarring or continued congestion. Discuss activity restrictions and maintenance of wound site in post-operative period, including use of nasal saline. Assess the need for topical medications to improve post-operative swelling.
- Visit #2: Examine patient, evaluating the incision site and nasal cavity for crusting or synechiae. Assess scarring or continued congestion. Discuss resumption of usual activity. Assess need for further nasal saline. Assess the need for further topical medication use.

**The RUC recommends a work RVU of 3.57 for CPT code 30140.**

**RUC Database Notation**

The RUC recommends to flag CPT code 30140 as “do not use” for validation of work as this service has a negative IWPUT and should be changed from a 090 day global period to a 000-day global period.

**Global Period**

**The RUC requests that CMS assign a 000-day global period to CPT code 30140 and it be resurveyed for October 2016.**

**Practice Expense**

The standard 090-day direct practice expense inputs were reviewed for 30140 and the equipment minutes for *chair with headrest, exam, reclining, EF008, light, fiberoptic headlight w-source, EQ170 and suction and pressure cabinet, ENT (SMR), EQ234* were revised to account for monitoring the patient following the procedure, and added supply item, *pack, cleaning, surgical instruments SA043* to clean instruments. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
30140	Submucous resection inferior turbinate, partial or complete, any method	<del>090</del> <u>000</u>	3.57 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 30140	Tracking Number	Original Specialty Recommended RVU: <b>3.57</b>
		Presented Recommended RVU: <b>3.57</b>
Global Period: 090		RUC Recommended RVU: <b>3.57</b>

CPT Descriptor: Submucous resection inferior turbinate, partial or complete, any method

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 42 year old female presents with right nasal obstruction due to a hypertrophied inferior turbinate that is refractory to medical therapy. A submucous resection of the right inferior turbinate is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 42% , In the ASC 57%, 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 99% , Overnight stay-less than 24 hours 1% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 4%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 4%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s) and confirm timing and administration. Review medical history and results of preoperative testing (labs, EKG, CXR). Review reports of consultants providing preoperative assessment and clearance as indicated. Meet with patient and family to review planned procedure and postoperative management. Reexamine patient to ensure that physical findings have not changed and document history and physical. Mark side for procedure. Obtain informed consent. Review airway and medical management with anesthesiologist. Review planned procedure with OR staff. Verify that all required instruments and supplies are available. Monitor/assist with prepping and draping. Scrub and gown. Administer intranasal topical anesthetic/vasoconstrictive medication. Perform surgical "time out" with operating surgical team. Inject local anesthesia into planned incision site and subcutaneous tissue.

Description of Intra-Service Work: Make an incision at the anterior edge of the inferior turbinate. Raise a submucosal tunnel along the length of the turbinate between the bone and the mucosa, taking care not to tear the mucosa. Remove the bone from the turbinate using direct removal or powered instrumentation while carefully ensuring not to remove the overall structure of the turbinate. Examine the nasal cavity to ensure improved patency. Obtain hemostasis utilizing topical vasoconstrictors and/or absorbable packing material.

Description of Post-Service Work: Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and outcome with family in waiting area. Write postoperative note. Dictate operative note and copy to referring physician. Prior to discharge, examine patient and write prescriptions for medications and supplies needed post-discharge. Review post-discharge wound care and activity limitations with patient and family.

FIRST 99213 VISIT

Examine patient, evaluating the incision site and nasal cavity for crusting, hematoma or synechiae. Clear nasal cavity of crusting. Assess for any complications including scarring or continued congestion. Discuss activity restrictions and maintenance of wound site in post-operative period, including use of nasal saline. Assess the need for topical medications to improve post-operative swelling.

#### SECOND 99213 VISIT

Examine patient, evaluating the incision site and nasal cavity for crusting or synechiae. Assess scarring or continued congestion. Discuss resumption of usual activity. Assess need for further nasal saline. Assess the need for further topical medication use.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Peter Manes, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	30140				
<b>Sample Size:</b>	2600	<b>Resp N:</b>	166	<b>Response:</b> 6.3 %	
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	15.00	30.00	50.00	200.00
<b>Survey RVW:</b>	2.44	3.89	4.40	5.00	13.00
<b>Pre-Service Evaluation Time:</b>			30.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	5.00	15.00	20.00	30.00	80.00
<b>Immediate Post Service-Time:</b>	<u>15.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>46.00</u>	99211x 0.00 12x 0.00 13x 2.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	30140	<b>Recommended Physician Work RVU: 3.57</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	30.00	33.00	-3.00	
<b>Pre-Service Positioning Time:</b>	3.00	3.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	10.00	15.00	-5.00	
<b>Intra-Service Time:</b>	20.00			
<b>Please, pick the <u>post-service</u> 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)</b> 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	30.00	-15.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>46.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
21013	090	4.45	RUC Time

CPT Descriptor Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
21012	090	5.42	RUC Time

CPT Descriptor Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
25071	090	5.91	RUC Time	1,467

CPT Descriptor 1 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
26765	090	5.86	RUC Time	1,407

CPT Descriptor 2 Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33282	090	3.50	RUC Time

CPT Descriptor Implantation of patient-activated cardiac event recorder

**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: 44.4 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 37      % of respondents: 41.1 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>30140</u>	Top Key Reference CPT Code: <u>21013</u>	2nd Key Reference CPT Code: <u>21012</u>
Median Pre-Service Time	43.00	30.00	56.00
Median Intra-Service Time	20.00	45.00	45.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	46.0	39.00	39.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>143.00</b>	<b>148.00</b>	<b>174.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.23	-0.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.05	0.11
Urgency of medical decision making	-0.28	-0.46

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.85	0.35
Physical effort required	0.60	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.53	0.05
Outcome depends on the skill and judgment of physician	0.68	0.51
Estimated risk of malpractice suit with poor outcome	0.25	-0.22

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.68	0.19
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** In October 2015, AMA staff re-ran the Harvard valued codes with utilization over 30,000 based on 2014 Medicare claims data and this service was identified. The RUC determined that this service will be placed on the next level of interest form to survey for April 2016. The American Academy of Otolaryngology Head and Neck Surgery responded and indicated an interest to survey.

**Background on prior valuations:** This code is Harvard valued and has never been RUC surveyed.

**Survey Sample:**

The survey data and recommendations are based upon a random sample of AAO-HNS members. The total sample size was 2600 otolaryngologists.

**Reference Service List:** Based on reviewer comments, we feel it's worth noting that we had a great deal of difficulty generating an RSL for this survey due to there being virtually no 090 global codes that have been RUC reviewed in the last 7 years that had RVUs in a range this low. Based on this concern, we took the proposed RSL to the Research Subcommittee for approval prior to the survey being distributed. We had initially proposed a blended global RSL of 010 and 090 codes, however, Research directed us to remove all 010 codes and utilize non-otolaryngology procedures with 090 globals to develop the RSL. This included the addition of many excision of tumor codes which were reviewed within the 7 year period. Research then approved the modified RSL prior to survey.

**Physician Time:**  
*Pre-Service Time*



Our expert panel selected pre-service package 3 (Straightforward Patient/Difficult Procedure) for this code based on the fact that the procedure in the facility setting using general anesthesia. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a total pretime of 43 minutes.**

### *Intra-Service Time*

**We are recommending our median survey time of 20 minutes for intra service work.**

### *Post-Service Time*

The expert panel selected post-package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 15 minutes. We also recommend the addition of a .5 discharge management visit despite our survey respondents not stating it was typical, given that the patient needs to be discharged which typically occurs on the same day as the procedure.**

### *Physician Work RVU*

Upon review of the survey results, the expert panel **recommends maintenance of existing value for 30140 of 3.57 RVUs. This is below the 25<sup>th</sup> percentile of our survey.**

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 30140, as they demonstrate relativity across the fee schedule.

#### *Key Reference codes*

Time Source	Most Recent RUC Review	CPT Code	Long Desc	Global	Work RVU	Pre	Intra	Post	Post op visits	Total Time	IWPUT
RUC	Feb09	21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	090	4.45	30	45	15	.5 - 99238 1-99213 1-99212	148	
RUC	Feb09	21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	090	5.42	56	45	15	.5 - 99238 1-99213 1-99212	174	

#### *Additional Reference Codes*

Time Source	Most Recent RUC Review	CPT Code	Long Desc	Global	Work RVU	Pre	Intra	Post	Total Time	IWPUT
RUC	Apr13	67921	Repair of entropion; suture	090	3.47	25	15	10	124	.125
RUC	Apr13	33282	Implantation of patient-activated cardiac event recorder	090	3.5	25	25	15	107	.0426
RUC	Apr13	67914	Repair of ectropion; suture	090	3.75	25	20	10	129	.0234
RUC	Feb09	25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	090	3.96	34	30	15	137	.0305
RUC	Feb09	26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	090	3.96	34	30	15	137	.0305
RUC	Feb09	27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	090	3.96	32	30	20	140	.0298
	Feb09	27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	090	3.96	34	30	15	137	.0305
	Feb09	28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less	090	3.96	30	30	20	138	.0274

			than 1.5 cm							
	Feb09	23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	090	4.21	34	30	20	142	.0351

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☒ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3. CPT Code 1: 30140 090 3.57 43 / 20 / 15 Total time: 124 2 - 99213 visits

4. CPT Code 2: 30520 090 7.01 38.5 / 60 / 15 Total time: 210.5 .5 - 99238 / 2- 99213 / 2-99212

After accounting for the MPPR work RVUs paid for these services when billed together is: 8.795

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 30140

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology

How often? Commonly

Specialty

How often?

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period? 100365

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This represents the Medicare database volume of 33,455 multiplied by 3.

Specialty Otolaryngology

Frequency 98358

Percentage 98.00 %

Specialty Plastics and Reconstructive surgery

Frequency 1100

Percentage 1.09 %

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?  
 33,455 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. This is based on the 2014 Medicare volume per the RUC database.

Specialty Otolaryngology	Frequency 32786	Percentage 98.00 %
Specialty Plastics and Reconstructive Surgery	Frequency 400	Percentage 1.19 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States?

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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

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### **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 30140

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	AB	AC	AH	AI	AJ	AK	AL	AQ	AR	AS	AT	AU
13	ISSUE: Submucous Resection of Inferior Turbinate																																	
14	TAB: 19																																	
15						RVW					Total		PRE-TIME			INTRA-TIME						IMMD	same		Office					SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	Pre Pkg	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	Post Pkg	POST	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
17	1st REF	21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	40	0.032			4.45			148		19	6	5			45				15	0.5			1	1							
18	2nd REF	21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	37	0.043			5.42			174		33	8	15			45				15	0.5			1	1							
19	CURRENT	30140	Submucous resection inferior turbinate, partial or complete, any method		0.049			3.57			120		15		15			28				14				3								
20	SVY		Submucous resection inferior turbinate, partial or complete, any method	166	0.057	2.44	3.89	4.40	5.00	13.00	131		30	10	10	5	15	20	30	80		15				2			0	15	30	50	200	
21	REC	30140			-0.008	3.57					143	3	30	3	10			20			9A	15	0.5			2								

**Tab Number: 19, 20, 21**


**Issue: Nasal hemorrhage, Turbinate, Tracheostomy**

**Code(s): 30901-30906, 30140, 31600-31610**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	Peter Manes, MD
<b>Specialty Society:</b>	American Academy of Otolaryngology – Head and Neck Surgery
<b>Date:</b>	April 5, 2016

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non - Facility Direct Inputs**

CPT Long Descriptor: Submucous resection inferior turbinate, partial or complete, any method

Global Period: 090 Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: ***We convened an expert panel to develop our PE recommendations for this service.***

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: ***We used the existing PE inputs for 30140 as our reference.***

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are adding in PE inputs for this code in the non-facility setting based on the change in technology which has now made this procedure safe to do under local/topical anesthesia in the office. As a result, we are requesting the standard PE Subcommittee time for pre-service clinical staff activities for a 090 global service and standard time for all staff activities during the intra service period.

We have retained several of the previous supply and equipment items, but are also requesting new items associated with drawing up the local and topical anesthesia in the office setting to make this code consistent with other similar services' PE inputs. We are also requesting tubing which attaches to the microdebrider used to perform the procedure, providing irrigation and suction to the microdebrider hand piece.

For equipment, we are adding a microdebrider, a microdebrider hand piece and a 2mm blade, all of which are utilized to perform the procedure in the non-facility setting. We included the time for sedation/application of topical/local anesthesia in the equipment time formula for these new inputs, as they are present in the room during the anesthesia time as well as the procedure. In addition, we have added an instrument pack which is utilized during the procedure as well as during all post op visits. The nasal speculum is used to examine the nose, alligator forceps are used to remove any crusting and a Cottle elevator is used to lateral the turbinate and visualize its entire length.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Staff complete diagnostic and referral forms, coordinate pre-surgery services, schedule space and equipment in the facility, and provide pre-service education and consent.

Intra-Service Clinical Labor Activities:

The staff greet and gown the patient, obtain 1-3 vitals, prepare room and set up supplies, prepare and position the patient, and assist the physician in applying local/topical anesthesia. While we recognize line 27 “Sedate/apply anesthesia” is typically used for procedures done under moderate sedation the PE subcommittee has historically approved this same line item for Otolaryngology procedures that utilize local anesthesia as the staff must assist the physician in the application and/or injection of local/topical anesthesia prior to the procedure. They assist for the entire procedure, handing instruments to the physician, and monitor the patient at a 1:4 ratio for 15 minutes following the procedure. They clean the room and equipment, clean the surgical instruments, and provide home care instructions and set up post op visits and prescriptions/antibiotics.

Post-Service Clinical Labor Activities: In the post-service period the staff assist with two post op visits conducted during the global period. Staff prepare room and ensure all necessary equipment is available and functioning. Assist physician with cleaning the patient’s nose (i.e. hand instruments and wipe them down). Clean the room after visit.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Submucous resection inferior turbinate, partial or complete, any method

Global Period: 090 Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: ***We convened an expert panel to develop our PE recommendations for this service.***

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:  
***We used the existing PE inputs for 30140 as our reference.***

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We have added an instrument pack which is utilized during all post op visits. The nasal speculum is used to examine the nose, alligator forceps are used to remove any crusting and a Cottle elevator is used to lateral the turbinate and visualize its entire length.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Staff complete diagnostic and referral forms, coordinate pre-surgery services, schedule space and equipment in the facility, and provide pre-service education and consent.

Intra-Service Clinical Labor Activities:

There are no intra-service activities performed by the clinical staff.

Post-Service Clinical Labor Activities:

In the post-service period the staff assist with two post op visits conducted during the global period. Staff prepare room and ensure all necessary equipment is available and functioning. Assist physician with cleaning the patient's nose (i.e. hand instruments and wipe them down). Clean the room after visit.



	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>CPT Code 30140</b>		<b>CPT Code 30140</b>	
3	<b>Meeting Date: REVISED April 2016</b> <b>Tab: 19</b> <b>Specialty: AAOHNS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Submucous resection inferior turbinate, partial or complete, any method		Submucous resection inferior turbinate, partial or complete, any method	
4	<b>LOCATION</b>	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>			<b>0.0</b>	<b>157.0</b>	<b>170.0</b>	<b>132.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>0.0</b>	<b>60.0</b>	<b>35.0</b>	<b>60.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>0.0</b>	<b>6.0</b>	<b>63.0</b>	<b>0.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>0.0</b>	<b>91.0</b>	<b>72.0</b>	<b>72.0</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>5</b>
13	Coordinate pre-surgery services	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>0</b>	<b>20</b>	<b>10</b>	<b>20</b>
14	Schedule space and equipment in facility	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>8</b>
15	Provide pre-service education/obtain consent	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>0</b>	<b>20</b>	<b>10</b>	<b>20</b>
16	Follow-up phone calls & prescriptions	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>0</b>	<b>7</b>	<b>10</b>	<b>7</b>
17	Other Clinical Activity - <i>specify:</i>	<b>L037D</b>	<b>RN/LPN/MTA</b>				
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>3</b>	
22	Obtain vital signs	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>3</b>	
23	Provide pre-service education/obtain consent	<b>L037D</b>	<b>RN/LPN/MTA</b>				
24	Prepare room, equipment, supplies	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>2</b>	
25	Setup scope (non facility setting only)	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>0</b>	
26	Prepare and position patient/ monitor patient/ set up IV	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>2</b>	
27	Sedate/apply anesthesia	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>2</b>	
28	Other Clinical Activity - <i>specify:</i>	<b>L037D</b>	<b>RN/LPN/MTA</b>				
29	<b>Intra-service</b>	<b>L037D</b>	<b>RN/LPN/MTA</b>				
30	Assist physician in performing procedure	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>20</b>	
31	Assist physician/moderate sedation (% of physician time)	<b>L037D</b>	<b>RN/LPN/MTA</b>				
32	<b>Post-Service</b>	<b>L037D</b>	<b>RN/LPN/MTA</b>				
33	Monitor pt. following moderate sedation	<b>L037D</b>	<b>RN/LPN/MTA</b>				
34	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>15</b>	
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	<b>L037D</b>	<b>RN/LPN/MTA</b>				
36	Clean room/equipment by physician staff	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>3</b>	
37	Clean Scope	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>0</b>	
38	Clean Surgical Instrument Package	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>10</b>	
39	Complete diagnostic forms, lab & X-ray requisitions	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>0</b>	
40	Review/read X-ray, lab, and pathology reports	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>0</b>	
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	<b>L037D</b>	<b>RN/LPN/MTA</b>			<b>3</b>	
42	Other Clinical Activity - <i>specify:</i>	<b>L037D</b>	<b>RN/LPN/MTA</b>				
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			<b>n/a</b>	<b>6</b>	<b>n/a</b>	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			<b>n/a</b>		<b>n/a</b>	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			<b>n/a</b>		<b>n/a</b>	
46	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
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3	<b>Meeting Date: REVISED April 2016</b> <b>Tab: 19</b> <b>Specialty: AAOHNS</b>	<b>CMS Code</b>	<b>Staff Type</b>	Submucous resection inferior turbinate, partial or complete, any method		Submucous resection inferior turbinate, partial or complete, any method	
4	<b>LOCATION</b>	<b>L037D</b>	<b>RN/LPN/MTA</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>090</b>	<b>090</b>	<b>090</b>	<b>090</b>
47	<b>POST-SERVICE Period</b>						
48	<b>Start: Patient leaves office/facility</b>						
49	Conduct phone calls/call in prescriptions						
50	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
51	99211 16 minutes		16				
52	99212 27 minutes		27		<b>3</b>		
53	99213 36 minutes		36			<b>2</b>	<b>2</b>
54	99214 53 minutes		53				
55	99215 63 minutes		63				
56	<b>Total Office Visit Time</b>			<b>0.0</b>	<b>81.0</b>	<b>72.0</b>	<b>72.0</b>
57	Other Clinical Activity - <i>specify:</i> Setup/Clean Scope @ 2/3 Std Time				<b>10</b>		
58	Other Clinical Activity - <i>specify:</i> Clean instrument packs post op visits					<b>20</b>	<b>20</b>
59	<b>End: with last office visit before end of global period</b>						
60	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
61	pack, minimum multi-specialty visit	SA048			<b>3</b>	<b>3</b>	<b>2</b>
62	pack, cleaning and disinfecting, endoscope	SA042	pack		<b>1</b>	<b>0</b>	<b>0</b>
63	pack, cleaning, surgical instruments	SA043	pack	<b>NEW</b>	<b>NEW</b>	<b>3</b>	<b>2</b>
64	pack, post-op incision care (suture)	SA054			<b>1</b>	<b>0</b>	<b>0</b>
65	drape-towel, sterile 18in x 26in	SB019			<b>6</b>	<b>4</b>	<b>0</b>
66	gloves, sterile	SB024			<b>2</b>	<b>2</b>	<b>0</b>
67	gown, staff, impervious	SB027			<b>3</b>	<b>2</b>	<b>0</b>
68	mask, surgical, with face shield	SB034			<b>3</b>	<b>2</b>	<b>0</b>
69	drape, sterile, split-sheet	SB046			<b>3</b>	<b>1</b>	<b>0</b>
70	needle, 18-27g	SC029		<b>NEW</b>		<b>2</b>	<b>0</b>
71	syringe 10-12ml	SC051		<b>NEW</b>		<b>1</b>	<b>0</b>
72	canister, suction	SD009			<b>3</b>	<b>3</b>	<b>2</b>
73	tubing, suction, non-latex (6ft uou)	SD132			<b>3</b>	<b>0</b>	<b>0</b>
74	tubing, suction, non-latex (2ft) with Frazier tip (1)	SD214			<b>3</b>	<b>3</b>	<b>2</b>
75	gauze, sterile 4in x 4in	SG055			<b>3</b>	<b>3</b>	<b>0</b>

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS Request – Final Rule for 2016*

April 2016

**Control Nasal Hemorrhage**

In October 2015, the PE Subcommittee analyzed the 58 services that the RUC submitted PE only recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remain. The codes are 10021, 30903, 88333, 88334, 95812 and 95813. Code 30903 was identified and the specialty society identified 30901, 30905 and 30906 as part of the same family.

**30901 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method**

The RUC reviewed the survey results from 83 otolaryngologists and determined that the current work RVU and survey median of 1.10 was validated. The RUC reviewed the pre-service time and recommends 3 minutes for evaluation, 1 minute for positioning and 5 minutes for scrub/dress/wait. This service is typically reported with an Evaluation and Management (E/M) service, therefore the RUC reduced the evaluation time by 14 minutes from the standard package. The specialty society indicated and the RUC agreed that 3 minutes for evaluation is necessary for the physician to obtain supplies and equipment (packing material and silver nitrate for cautery) and drape and gown for the patient which is not included in the E/M. The RUC agreed that 5 minutes of scrub/dress/wait time is necessary for the physician to scrub, obtain gown, shoe covers and eye shield. The RUC recommends the same intra-service time of 10 minutes and immediate post-operative time of 5 minutes.

The RUC compared CPT code 30901 (with 23 minutes total time) to the top two key reference services 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)* (work RVU = 1.10 and 21 minutes total time) and 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* (work RVU = 1.07 and 24 minutes total time) and noted that the physician work, time and intensity for these are similar and valued appropriately. For additional support the RUC referenced similar services 20611 *Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting* (work RVU = 1.10 and 27 minutes total time) and 11980 *Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)* (work RVU = 1.10 and 27 minutes total time). **The RUC recommends a work RVU of 1.10 for CPT code 30901.**

**30903 Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method**

The RUC reviewed the survey results from 83 otolaryngologists and determined that the current work RVU of 1.54, between the survey 25<sup>th</sup> percentile 1.30 and median 1.80, was validated. The RUC reviewed the pre-service time and recommends 8 minutes for evaluation, 1 minute for positioning and 5 minutes for scrub/dress/wait. This service is typically reported with an Evaluation and Management (E/M) service, therefore the RUC reduced the evaluation time by two minutes. The specialty society indicated and the RUC agreed that the additional 5 minutes for evaluation time compared to 30901 is necessary to prepare the patient for using the additional electrocautery equipment. Silver nitrate sticks are used for the limited cautery used in 30901, whereas for more extensive cautery (30903, 30905 and 30906), the physician uses bipolar electrocautery equipment. The RUC recommends intra-service time of 15 minutes and immediate post-operative time of 10 minutes. The RUC agreed with the specialty societies that the intra-service time is longer than 30901 to account for the additional monitoring time by the physician as this service is more noxious and is secondary to more significant bleeding. The specialty society noted that the previous intra-service time last valued in 1995 was excessive. The RUC agreed that 15 minutes of intra-service time is more appropriate in line with the intensity of work per unit of time (IWPUT) and in position relative to other comparable services. More patients receiving this service are on blood thinners and therefore have more significant bleeding, hence the service is more intense than it was previously. The increase in post-time compared to 30901 is also due to these patients with more extensive bleeding requiring more monitoring.

The RUC also noted that during the 1995 review the specialty society requested a higher work RVU of 2.50 with 30 minutes of intra-service time, which was also similar to the original Harvard intra-service time (10 minutes pre-time /28 intra-time/10 minutes post-time). In 1995 the specialty society presented that the physician work has changed due to increased risk of HIV and Hepatitis. Although this compelling evidence was not accepted to increase the work RVU at that time, the survey intra service times were approved, which may have allowed for the intra-service time to remain high at 30 minutes. The specialty society also noted that many more people are now on some form of a blood thinner, given that so many are commercially available today. This makes the epistaxis more difficult to control, and the procedure more intense which provides a rationale for the increase in intensity given the reduced intra time.

The RUC compared CPT code 30903 (with 39 minutes total time) to the top two key reference services 31237 *Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)* (work RVU = 2.60 and 48 minutes total time) and noted that the physician work and time is lower for the surveyed code and valued appropriately. For additional support the RUC referenced similar services 15271 *Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area* (work RVU = 1.50), 64447 *Injection, anesthetic agent; femoral nerve, single* (work RVU = 1.50) and 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* (work RVU = 1.52) all which require the same intra-service time and similar physician work to perform. **The RUC recommends a work RVU of 1.54 for CPT code 30903.**

**30905 Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial**

The RUC reviewed the survey results from 78 otolaryngologists and determined that the current work RVU of 1.97, below the survey 25<sup>th</sup> percentile work RVU of 2.20, was validated. The RUC reviewed the pre-service time and recommends 8 minutes for evaluation, 1 minute for positioning and 5 minutes for scrub/dress/wait. This service is typically reported with an Evaluation and Management (E/M) service, therefore the RUC reduced the evaluation time by two minutes. The specialty society indicated and the RUC agreed that the additional 5 minutes for evaluation time compared to 30901 is necessary to prepare the patient for using the additional electrocautery equipment. Silver nitrate sticks are used for the limited cautery used in 30901, whereas for more extensive cautery (30903, 30905 and 30906), the physician uses bipolar electrocautery equipment. The RUC recommends intra-service time of 20 minutes and immediate post-operative time of 10 minutes. The RUC agreed with the specialty societies that the intra-service time is longer than 30903 because for 30905 access to the area is more difficult, the work is more extensive and posterior bleeds are typically arterial, therefore controlling those are more challenging and require more time. The specialty society noted that the previous intra-service time last valued in 1995 was much longer than the current time for this procedure based on the rationale that the 1995 review occurred during a time when concerns about HIV and Hepatitis were at an all-time high. Given this, significantly more time was taken by clinicians to protect against exposure and contamination during procedures where extensive bleeding occurs. Over time, and as education and precautionary measures against contracting these viruses has grown, the time needed related to those concerns has decreased which is consistent with the decreased intra-service survey times that respondents indicated in the 2016 survey data. The RUC agreed that 20 minutes of intra-service time is more appropriate in line with the intensity of work per unit of time (IWPUT) and in position relative to other comparable services. The increase in post-time compared to 30901 is also due to these patients with more extensive bleeding requiring more monitoring.

The RUC also noted that during the 1995 review the specialty society requested a much higher work RVU of 4.50 with 48 minutes of intra-service time, which was also similar to the original Harvard intra-service time (14 minutes pre-time /39 intra-time/13 minutes post-time). In 1995 specialty society presented that the physician work has changed due to increased risk of HIV and Hepatitis. Although this compelling evidence was not accepted to increase the work RVU at that time, it may have allowed for the intra-service time to remain high at 48 minutes. The specialty society also noted that many more people are now on some form of a blood thinner, given that so many are commercially available today. This makes the epistaxis more difficult to control, and the procedure more intense which provides a rationale for the increase in intensity given the reduced intra time.

The RUC compared CPT code 30905 (with 44 minutes total time) to the top two key reference services 31237 *Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)* (work RVU = 2.60 and 48 minutes total time) and noted that the physician work and time is lower for the surveyed code and valued appropriately. For additional support the RUC referenced similar services 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* (work RVU = 1.97 and 25 minutes intra-service time) and 92960 *Cardioversion, elective, electrical conversion of arrhythmia; external* (work RVU = 2.25 and 15 minutes intra-service time) which require similar time and physician work to perform. **The RUC recommends a work RVU of 1.97 for CPT code 30905.**

**30906 Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**

The RUC reviewed the survey results from 76 otolaryngologists and determined that the current work RVU of 2.45, below the survey 25<sup>th</sup> percentile work RVU of 2.54, was validated. The RUC reviewed the pre-service time and recommends 12 minutes for evaluation, 1 minute for positioning and 5 minutes for scrub/dress/wait. This service is typically reported with an Evaluation and Management (E/M) service, therefore the RUC reduced the evaluation time by 9 minutes. The specialty society indicated and the RUC agreed that the additional 4 minutes for evaluation time compared to 30905 is necessary to obtain supplies such as syringes, alligator forceps and suction materials to take down the nasal packs that were already inserted and failed in 30905, while the patient is actively bleeding. Silver nitrate sticks are used for the limited cautery used in 30901, whereas for more extensive cautery (30903, 30905 and 30906), the physician uses bipolar electrocautery equipment. The RUC recommends intra-service time of 30 minutes and immediate post-operative time of 15 minutes. The RUC agreed with the specialty societies that the intra-service time is longer than 30905 because for 30906 the work is more extensive for this subsequent bleed, removing previous packing and requiring more time. The specialty society noted that the previous intra-service time last valued in 1995 was excessive, consistent with the rationale of why longer intra service times were appropriate in 1995 versus the 2016 review. The RUC agreed that 30 minutes of intra-service time is more appropriate in line with the intensity of work per unit of time (IWPUT) and in position relative to other comparable services.

The RUC also noted that during the 1995 review the specialty society requested a much higher work RVU of 5.00 with 60 minutes of intra-service time, which was also similar to the original Harvard intra-service time (15 minutes pre-time /45 intra-time/14 minutes post-time). In 1995 specialty society presented that the physician work has changed due to increased risk of HIV and Hepatitis. Although this compelling evidence was not accepted to increase the work RVU at that time, the survey intra service times were approved, which may have allowed for the intra-service time to remain high at 60 minutes. The specialty society also noted that many more people are now on some form of a blood thinner, given that so many are commercially available today. This makes the epistaxis more difficult to control, and the procedure more intense which provides a rationale for the increase in intensity given the reduced intra time.

The RUC compared CPT code 30906 (with 30 minutes intra-service time) to the top two key reference services 31237 *Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)* (work RVU = 2.60 and 20 minutes intra-service time) and noted that the physician work and time is similar and slightly more intense to perform for the surveyed code. For additional support the RUC referenced similar services 12016 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm* (work RVU = 2.68 and 30 minutes intra-service time) and 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* (work RVU = 2.78 and 30 minutes intra-service time) which require similar time and physician work to perform. **The RUC recommends a work RVU of 2.45 for CPT code 30906.**

**Practice Expense**

Modifications were made to the direct practice expense inputs to correct monitoring times to account for the 1:4 multi-tasking for the two anterior packing codes and the and 1:1 for the two posterior packing codes, deleted phone call duplicative to E/M and supplies and accounted for the gowning and draping of the patient due to bleeding. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
30901 (f)	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	000	1.10 (No Change)
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	000	1.54 (No Change)
30905 (f)	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	000	1.97 (No Change)
30906 (f)	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	000	2.45 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 30901	Tracking Number	Original Specialty Recommended RVU: <b>1.10</b>
		Presented Recommended RVU: <b>1.10</b>
Global Period: 000		RUC Recommended RVU: <b>1.10</b>

CPT Descriptor: Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75 year old male presents with intermittent unilateral epistaxis. A bleeding source on the anterior septum is identified and controlled with limited cautery and/or packing

Percentage of Survey Respondents who found Vignette to be Typical: 90%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 11%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 8%

Description of Pre-Service Work: Following an evaluation and management visit, the physician explains the procedure and obtains consent. The physician confirms necessary supplies are gathered and available in the procedure area. The physician confirms medication history. Laboratory values are obtained and/or evaluated. A time out is performed and the physician washes hands and dons proper protective personal equipment. Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for them to take effect. The patient is positioned in an upright, seated position and draped for protection.

Description of Intra-Service Work: Topical vasoconstrictors are applied to the site of bleeding to visualize the area well. Once adequate visualization is achieved, the site of bleeding is identified. Cautery is applied directly to the site of bleeding as well as the surrounding area to disrupt any feeding vasculature. Once hemostasis is achieved, absorbable packing is placed over the cautery site.

Description of Post-Service Work: The patient is monitored during the recovery period. Home restrictions (i.e. activity), treatment, and findings are explained to the patient. Subsequent evaluation and therapeutic plan are discussed. Prescriptions are written for medications and supplies needed post discharge. Medication reconciliation is performed. The primary care physician is contacted regarding need and timing for further use of anticoagulation medication. The procedure note is dictated and findings communicated to the referring physician.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Peter Manes, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	30901				
<b>Sample Size:</b>	2565	<b>Resp N:</b>	83	<b>Response:</b> 3.2 %	
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	15.00	30.00	50.00	250.00
<b>Survey RVW:</b>	0.00	1.00	1.10	1.30	77.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			5.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			5.00		
<b>Intra-Service Time:</b>	1.00	5.00	10.00	10.00	30.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	30901	<b>Recommended Physician Work RVU: 1.10</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	3.00	17.00	-14.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	5.00	0.00	
<b>Intra-Service Time:</b>	10.00			
<b>Please, pick the <u>post-service</u> 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)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	18.00	-13.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31231	000	1.10	RUC Time

CPT Descriptor Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
12011	000	1.07	RUC Time

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12011	000	1.07	RUC Time	90,341

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12013	000	1.22	RUC Time	51,998

CPT Descriptor 2 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
20611	000	1.10	RUC Time

CPT Descriptor Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 21      % of respondents: 25.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 15      % of respondents: 18.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>30901</u></b>	<b>Top Key Reference CPT Code: <u>31231</u></b>	<b>2nd Key Reference CPT Code: <u>12011</u></b>
Median Pre-Service Time	9.00	11.00	7.00
Median Intra-Service Time	10.00	7.00	12.00
Median Immediate Post-service Time	5.00	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
<b>Median Total Time</b>	<b>24.00</b>	<b>21.00</b>	<b>24.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	-0.14	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.14	0.13
Urgency of medical decision making	0.62	0.53

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.10	0.07
Physical effort required	0.00	-0.13

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.33	-0.20
Outcome depends on the skill and judgment of physician	0.38	-0.20
Estimated risk of malpractice suit with poor outcome	0.14	-0.73

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.00	-0.13
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** Three of the codes in this family were captured by the CMS OP/PS Cap screen issued within the 2014 Medicare Physician Fee Schedule (MP/FS) proposed rule. In response to this, the American Academy of Otolaryngology Head and Neck Surgery (along with several other specialties) elected to review the practice expense for all Otolaryngology services captured by this screen in hopes of addressing CMS' concerns that the PE for these services may be overstated or incorrect. The PE for this family was reviewed at the April 2014 RUC meeting and submitted to CMS. CMS, however, elected not to accept the PE as submitted, based on their concerns that PE should not be reviewed without a coinciding review of the physician work. Thus, in the 2016 final rule, CMS included the OP/PS cap codes again on their "potentially misvalued codes" list, and requested a review of the physician work for these services.

The RUC and the Academy commented that we understood CMS' concerns about implementing PE inputs without the corresponding work being reviewed, however, after analyzing the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remain. The codes are 10021, 30903, 88333, 88334, 95812 and 95813. Given that 30903 remained on this list, the Academy indicated an interest in surveying the entire family of nasal hemorrhage codes (30901-30906) for the April 2016 RUC meeting.

**Background on prior valuations:**

In October 2009, CPT code 30901 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method was identified for review through the Five-Year Review Identification Workgroup screen of Harvard valued codes with Medicare utilization over 100,000. In response, 30901 was surveyed and presented at the April 2010 RUC meeting.

For 30901, the RUC reviewed the survey results from 41 otolaryngologists and agreed with the specialty society recommended physician time required to perform this service (6 minutes pre-evaluation, 0 min for positioning, 5

minutes scrub/dress/wait, 10 minutes intra-service, and 5 minutes immediate post-service time). The RUC confirmed that although this service is typically billed with an Evaluation and Management visit, additional pre-service time is necessary to confirm that necessary supplies and equipment are available and to gown/drape the patient for protection as well as allow the physician to put on protective clothing and gloves.

The RUC reviewed the specialty society survey data and agreed with the specialty society that there is no compelling evidence to change the current work RVU of 1.21, and therefore, the RUC recommended maintaining the current work RVU of 1.21 for code 30901.

In contrast, codes 30903-30906 were last valued by the RUC in 1995. At that time, the Academy presented compelling evidence, based on the reported survey data, to increase the values of all three codes quite significantly from current values. The RUC did not agree that compelling evidence existed due to the fact that the median intra times were very similar to the Harvard intra service times. Thus, the RUC recommended maintaining existing value for these three codes at that time.

### **Survey Sample:**

The survey data and recommendations are based upon a random sample of AAO-HNS members. The total sample size was 2565 otolaryngologists.

### **Physician Time:**

#### ***Pre-Service Time***

Our expert panel selected pre-service package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) for this family of codes based on the fact they are performed either in the emergency room or the physician office using local / topical anesthesia. We are recommending taking the lesser of the survey or the pre-time package. An E/M is typically done with this procedure, however, we believe the significant reduction from the pre time indicated by survey respondents down to the package times more than accounts for the reductions typically taken to account for an E/M performed on the same date of service. The RUC panel, however, the Panel felt that additional reductions were needed to the pre time given an E/M on the same day, so we recommend a further reduction of 2 minutes to evaluation time. **Therefore, we recommend a pretime of 9 minutes.**

#### ***Intra-Service Time***

**We are recommending our median survey time of 10 minutes for intra service work.**

#### ***Post-Service Time***

The expert panel selected post-package 7A (Local Anesthesia/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 5 minutes.**

#### ***Physician Work RVU***

Upon review of the survey results, the expert panel **recommends the median value of our survey, which is also existing value for the code, at 1.10 RVUs.**

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 30901, as they demonstrate relativity across the fee schedule.

#### ***Key Reference codes***

Time Source	Most Recent RUC Review	CPT Code	Long Desc	Global	Work RVU	Pre	Intra	Post	Total Time	IWPUT
RUC	Apr10	12011	Simple repair of superficial wounds of face, ears, eyelids,	000	1.07	7	12	5	24	0.068

			nose, lips and/or mucous membranes; 2.5 cm or less							
RUC	Jan12	31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	000	1.10	11	7	3	21	.123

*Additional Reference Codes*

Time Source	Most Recent RUC Review	CPT Code	Long Desc	Global	Work RVU	Pre	Intra	Post	Total Time	IWPUT
RUC	Jan14	20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	000	1.1	12	10	5	27	0.0791
RUC	Jan14	11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	000	1.1	10	12	5	27	0.0649
RUC	Apr10	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	000	1.22	7	15	5	27	0.0644

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) typically reported with an E/M or hospital visit on the same day.

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.

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 30901

Specialty Physician Asst / Family Practice How often? Rarely

Specialty Physician Asst / Family Practice	Frequency 39001	Percentage 12.00 %
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Specialty Emergency Medicine	Frequency 37918	Percentage 35.00 %
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Specialty Physician Asst / Family Practice

Frequency 13000

CPT Code: 30901

Percentage 11.99 %

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

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### **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 30901

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: 30903	Tracking Number	Original Specialty Recommended RVU: <b>1.54</b>
		Presented Recommended RVU: <b>1.54</b>
Global Period: 000		RUC Recommended RVU: <b>1.54</b>

CPT Descriptor: Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75 year old male presents with persistent, brisk unilateral epistaxis. A bleeding source on the anterior septum is identified, requiring extensive cautery and/or packing to control.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 25%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 13%

Description of Pre-Service Work: Following an evaluation and management visit, the physician explains the procedure and obtains consent. The physician confirms necessary supplies are gathered and available in the procedure area. The physician ensures cautery equipment is functioning properly. The physician confirms medication history. Laboratory values are obtained and/or evaluated. A time out is performed and the physician washes hands and dons proper protective personal equipment. Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for them to take effect. The patient is positioned in an upright, seated position and draped for protection.

Description of Intra-Service Work: Topical vasoconstrictors are applied to the site of bleeding to visualize the area well and control the epistaxis. Once adequate visualization is achieved, the site of bleeding is identified. Local anesthesia is infiltrated into the area as more extensive cautery is needed. Cautery is applied directly to the site of bleeding as well as the surrounding area to disrupt any feeding vasculature. Once hemostasis is achieved, absorbable packing is placed over the cautery site.

Description of Post-Service Work: The patient is monitored during the recovery period. Home restrictions (i.e. activity), treatment, and findings are explained to the patient. Subsequent evaluation and therapeutic plan are discussed. Prescriptions are written for medications and supplies needed post discharge. Medication reconciliation is performed. The primary care physician is contacted regarding need and timing for further use of anticoagulation medication. The procedure note is dictated and findings communicated to the referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Peter Manes, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	30903				
<b>Sample Size:</b>	2565	<b>Resp N:</b>	83	<b>Response:</b> 3.2 %	
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	6.00	15.00	30.00	200.00
<b>Survey RVW:</b>	0.00	1.30	1.80	2.50	12.00
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			5.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			5.00		
<b>Intra-Service Time:</b>	1.00	10.00	15.00	20.00	45.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	30903	<b>Recommended Physician Work RVU: 1.54</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	8.00	13.00	-5.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	6.00	-1.00	
<b>Intra-Service Time:</b>	15.00			
<b>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)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	10.00	18.00	-8.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31237	000	2.60	RUC Time

CPT Descriptor Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
12013	000	1.22	RUC Time

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12011	000	1.07	RUC Time	90,341

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12013	000	1.22	RUC Time	51,998

CPT Descriptor 2 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64493	000	1.52	RUC Time

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**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: 30.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 11      % of respondents: 13.2 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>30903</u>	Top Key Reference CPT Code: <u>31237</u>	2nd Key Reference CPT Code: <u>12013</u>
Median Pre-Service Time	14.00	23.00	7.00
Median Intra-Service Time	15.00	20.00	15.00
Median Immediate Post-service Time	10.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>39.00</b>	<b>48.00</b>	<b>27.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.16	0.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.08	0.45
Urgency of medical decision making	1.28	0.73

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.20	0.27
Physical effort required	0.56	0.18

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.64	0.36
Outcome depends on the skill and judgment of physician	0.60	0.27
Estimated risk of malpractice suit with poor outcome	0.48	-0.36

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.68	0.27
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** Three of the codes in this family were captured by the CMS OP/PS Cap screen issued within the 2014 Medicare Physician Fee Schedule (MP/FS) proposed rule. In response to this, the Academy (along with several other specialties) elected to review the practice expense for all Otolaryngology services captured by this screen in hopes of addressing CMS' concerns that the PE for these services may be overstated or incorrect. The PE for this family was reviewed at the April 2014 RUC meeting and submitted to CMS. CMS, however, elected not to accept the PE as submitted, based on their concerns that PE should not be reviewed without a coinciding review of the physician work. Thus, in the 2016 final rule, CMS included the OP/PS cap codes again on their "potentially misvalued codes" list, and requested a review of the physician work for these services. The RUC and the Academy commented that we understood CMS' concerns about implementing PE inputs without the corresponding work being reviewed, however, after analyzing the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remain. The codes are 10021, 30903, 88333, 88334, 95812 and 95813. Given that 30903 remained on this list, the Academy indicated an interest in surveying the entire family of nasal hemorrhage codes (30901-30906) for the April 2016 RUC meeting.

**Background on prior valuations:**

In October 2009, CPT code 30901 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method was identified for review through the Five-Year Review Identification Workgroup screen of Harvard valued codes with Medicare utilization over 100,000. In response, 30901 was surveyed and presented at the April 2010 RUC meeting.

Codes 30903-30906 were last valued by the RUC in 1995. At that time, the Academy presented compelling evidence, based on the reported survey data, to increase the values of all three codes quite significantly from current values. The RUC did not agree that compelling evidence existed due to the fact that the median intra

times were very similar to the Harvard intra service times. Thus, the RUC recommended maintaining existing value for these three codes at that time.

### Survey Sample:

The survey data and recommendations are based upon a random sample of AAO-HNS members. The total sample size was 2656 otolaryngologists.

### Physician Time:

#### *Pre-Service Time*

Our expert panel selected pre-service package 1A (Straightforward Patient/Straightforward Procedures (No sedation/anesthesia care)) for this family of codes based on the fact they are performed either in the emergency room or the physician office using local / topical anesthesia. We are recommending taking the lesser of the survey or the pre-time package. An E/M is typically done with this procedure. We believe the significant reduction from the pre time indicated by survey respondents down to the package times more than accounts for the reductions typically taken to account for an E/M performed on the same date of service. The Panel, however, expressed concern that further reduction to evaluation time was needed, so we are recommending a 2 minute reduction from the survey time of 10 minutes of evaluation. **Therefore, we recommend a pretime of 14 minutes.**

#### *Intra-Service Time*

**We are recommending our median survey time of 15 minutes for intra service work.**

#### *Post-Service Time*

The expert panel selected post-package 7A (Local Anesthesia/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 10 minutes.**

### Physician Work RVU

Upon review of the survey results, the expert panel **recommends retention of existing value for CPT 30903 of 1.54 RVUs. This is between the median and 25<sup>th</sup> percentile of our survey.**

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 30903, as they demonstrate relativity across the fee schedule.

#### *Key Reference codes*

Time Source	Most Recent RUC Review	CPT Code	Long Desc	Global	Work RVU	Pre	Intra	Post	Total Time	IWPUT
RUC	Apr13	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	000	2.60	23	20	5	48	0.102
RUC	Apr10	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	000	1.22	7	15	5	27	0.064

#### *Additional Reference Codes*

Time Source	Most Recent RUC Review	CPT Code	Long Desc	Global	Work RVU	Pre	Intra	Post	Total Time	IWPUT
RUC	Oct09	64447	Injection, anesthetic agent; femoral nerve, single	000	1.5	19	15	10	44	.0615
RUC	Apr09	64493	Injection(s), diagnostic or	000	1.52	17	15	10	42	.0658

			therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level							
RUC	Apr14	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	000	1.6	13	20	10	43	.055
RUC	Apr15	10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	000	1.7	20	15	10	45	0.0733
RUC	Apr09	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	000	1.82	17	15	10	42	.0858

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☒ Other reason (please explain) typically reported with an E/M or hospital visit on the same day.

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) 30903

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.

How often? Commonly

How often? Sometimes

How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 156621

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2014 Medicare volume multiplied by three.

Percentage 48.99 %

Percentage 38.99 %

Percentage 8.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

52,207 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2014 Medicare volume per the RUC database.

Percentage 48.99 %

Percentage 39.00 %

Percentage 8.00 %

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 30903

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: 30905	Tracking Number	Original Specialty Recommended RVU: <b>1.97</b>
		Presented Recommended RVU: <b>1.97</b>
Global Period: 000		RUC Recommended RVU: <b>1.97</b>

CPT Descriptor: Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75 year old male presents with posterior epistaxis. Control of nasal hemorrhage, posterior, with posterior nasal packs and/or cautery is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 41%

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? 17%

Description of Pre-Service Work: Following an evaluation and management visit, the physician explains the procedure and obtains consent. The physician confirms necessary supplies are gathered and available in the procedure area. The physician ensures cautery equipment is functioning properly. The physician confirms medication history. Laboratory values are obtained and/or evaluated. A time out is performed and the physician washes hands and dons proper protective personal equipment. Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for them to take effect. The patient is positioned in an upright, seated position and draped for protection.

Description of Intra-Service Work: Topical vasoconstrictors are applied to the site of bleeding to visualize the area well and control the epistaxis. Once adequate visualization is achieved, an attempt to identify the source of bleeding is made. Local anesthesia is infiltrated into the area as extensive cautery is needed. Cautery is applied directly to the site of bleeding if identified as well as the surrounding area to disrupt any feeding vasculature. A posterior nasal pack is placed transnasal, applying direct pressure to the site of bleeding. The remainder of the nasal cavity is then packed with absorbable hemostatic material as well as Vaseline gauze.

Description of Post-Service Work: The patient is monitored during the recovery period. Restrictions (i.e. activity), treatment, and findings are explained to the patient. Subsequent evaluation and therapeutic plan are discussed. Laboratory values evaluating the extent of blood loss are reviewed. The primary care physician is contacted regarding need and timing for further use of anticoagulation medication. The procedure note is dictated and findings communicated to the referring physician. Medication reconciliation is performed. If the patient is admitted to the hospital, admission orders are written. If the patient is discharged, prescriptions are written for medications and supplies needed post discharge.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Peter Manes, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	30905				
<b>Sample Size:</b>	2565	<b>Resp N:</b>	78	<b>Response:</b> 3.0 %	
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	5.00	10.00	150.00
<b>Survey RVW:</b>	0.00	2.20	2.60	3.29	12.00
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			6.00		
<b>Intra-Service Time:</b>	2.00	15.00	20.00	30.00	60.00
<b>Immediate Post Service-Time:</b>	<u>10.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	30905	<b>Recommended Physician Work RVU: 1.97</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	8.00	13.00	-5.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	6.00	-1.00	
<b>Intra-Service Time:</b>	20.00			
<b>Please, pick the <u>post-service</u> 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)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	10.00	18.00	-8.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31237	000	2.60	RUC Time

CPT Descriptor Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43194	000	3.51	RUC Time

CPT Descriptor Esophagoscopy, rigid, transoral; with removal of foreign body(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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12013	000	1.22	RUC Time	51,998
<u>CPT Descriptor 1</u> Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64483	000	1.90	RUC Time	972,483

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90870	000	2.50	RUC Time

CPT Descriptor Electroconvulsive therapy (includes necessary monitoring)

**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: 34.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9      % of respondents: 11.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>30905</u></b>	<b>Top Key Reference CPT Code: <u>31237</u></b>	<b>2nd Key Reference CPT Code: <u>43194</u></b>
Median Pre-Service Time	14.00	23.00	49.00
Median Intra-Service Time	20.00	20.00	30.00
Median Immediate Post-service Time	10.00	5.00	28.00
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
<b>Median Total Time</b>	<b>44.00</b>	<b>48.00</b>	<b>107.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.37	0.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.07	0.78
Urgency of medical decision making	1.30	1.22

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.52	0.67
Physical effort required	0.78	0.44

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.81	0.67
Outcome depends on the skill and judgment of physician	0.59	1.22
Estimated risk of malpractice suit with poor outcome	0.63	0.67

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.81	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** Three of the codes in this family were captured by the CMS OP/PS Cap screen issued within the 2014 Medicare Physician Fee Schedule (MP/FS) proposed rule. In response to this, the Academy (along with several other specialties) elected to review the practice expense for all Otolaryngology services captured by this screen in hopes of addressing CMS' concerns that the PE for these services may be overstated or incorrect. The PE for this family was reviewed at the April 2014 RUC meeting and submitted to CMS. CMS, however, elected not to accept the PE as submitted, based on their concerns that PE should not be reviewed without a coinciding review of the physician work. Thus, in the 2016 final rule, CMS included the OP/PS cap codes again on their "potentially misvalued codes" list, and requested a review of the physician work for these services. The RUC and the Academy commented that we understood CMS' concerns about implementing PE inputs without the corresponding work being reviewed, however, after analyzing the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remain. The codes are 10021, 30903, 88333, 88334, 95812 and 95813. Given that 30903 remained on this list, the Academy indicated an interest in surveying the entire family of nasal hemorrhage codes (30901-30906) for the April 2016 RUC meeting.

**Background on prior valuations:**

In October 2009, CPT code 30901 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method was identified for review through the Five-Year Review Identification Workgroup screen of Harvard valued codes with Medicare utilization over 100,000. In response, 30901 was surveyed and presented at the April 2010 RUC meeting.

Codes 30903-30906 were last valued by the RUC in 1995. At that time, the Academy presented compelling evidence, based on the reported survey data, to increase the values of all three codes quite significantly from current values. The RUC did not agree that compelling evidence existed due to the fact that the median intra

times were very similar to the Harvard intra service times. Thus, the RUC recommended maintaining existing value for these three codes at that time.

### Survey Sample:

The survey data and recommendations are based upon a random sample of AAO-HNS members. The total sample size was 2565 otolaryngologists.

### Physician Time:

#### *Pre-Service Time*

Our expert panel selected pre-service package 1A (Straightforward Patient/Straightforward Procedures (No sedation/anesthesia care)) for this family of codes based on the fact they are performed either in the emergency room or the physician office using local / topical anesthesia. We are recommending taking the lesser of the survey or the pre-time package. An E/M is typically done with this procedure. We believe the significant reduction from the pre time indicated by survey respondents down to the package times more than accounts for the reductions typically taken to account for an E/M performed on the same date of service. The Panel, however, expressed concern that further reduction to evaluation time was needed, so we are recommending a 2 minute reduction from the survey time of 10 minutes of evaluation. **Therefore, we recommend a pretime of 14 minutes.**

#### *Intra-Service Time*

**We are recommending our median survey time of 20 minutes for intra service work.**

#### *Post-Service Time*

The expert panel selected post-package 7A (Local Anesthesia/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. **The expert panel recommends a post-service time of 10 minutes.**

### Physician Work RVU

Upon review of the survey results, the expert panel **recommends retention of existing value for 30905 which is below the 25<sup>th</sup> percentile of our survey, at 1.97 RVUs.**

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 30905, as they demonstrate relativity across the fee schedule.

#### *Key Reference codes*

Time Source	Most Recent RUC Review	CPT Code	Long Desc	Global	Work RVU	Pre	Intra	Post	Total Time	IWPUT
RUC	Apr13	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	000	2.60	23	20	5	48	0.102
RUC	Oct12	43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	000	3.51	49	30	28	107	0.064

#### *Additional Reference Codes*

Time Source	Most Recent RUC Review	CPT Code	Long Desc	Global	Work RVU	Pre	Intra	Post	Total Time	IWPUT
RUC	Jan15	50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg,	000	1.82	20	20	15	55	0.0561

			ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation							
RUC	Apr10	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	000	1.97	11	25	5	41	0.065
RUC	Oct10	49084	Peritoneal lavage, including imaging guidance, when performed	000	2	23	20	15	58	0.061
RUC	Oct10	92960	Cardioversion, elective, electrical conversion of arrhythmia; external	000	2.25	21	15	15	51	0.101
RUC	Apr10	90870	Electroconvulsive therapy (includes necessary monitoring)	000	2.5	11	20	5	36	.1071

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☒ Other reason (please explain) typically reported with an E/M or hospital visit on the same day.

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) 30905

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Emergency Medicine                      How often? Commonly

Specialty Otolaryngology                      How often? Sometimes

Specialty Physician Asst / Family Practice                      How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 20631

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2014 Medicare volume multiplied by three.

Specialty Emergency Medicine	Frequency 9490	Percentage 45.99 %
Specialty Otolaryngology	Frequency 7840	Percentage 38.00 %
Specialty Physician Asst / Family Practice	Frequency 1650	Percentage 7.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,877

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2014 Medicare volume per the RUC database.

Specialty Emergency Medicine	Frequency 3163	Percentage 45.99 %
Specialty Otolaryngology	Frequency 2613	Percentage 37.99 %
Specialty Physician Asst / Family Practice	Frequency 550	Percentage 7.99 %

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 30905

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:30906      Tracking Number

Original Specialty Recommended RVU: **2.45**Presented Recommended RVU: **2.45**

Global Period: 000

RUC Recommended RVU: **2.45**

CPT Descriptor: Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75 year old male presents with recurrent posterior epistaxis, having undergone prior treatment of posterior nasal hemorrhage. Control of nasal hemorrhage, posterior, with posterior nasal packs and/or cautery is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 51%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 12%

Description of Pre-Service Work: Following an evaluation and management visit, the physician explains the procedure and obtains consent. The physician confirms necessary supplies are gathered and available in the procedure area. The physician ensures cautery equipment is functioning properly. The physician confirms medication history. Laboratory values are obtained and/or evaluated. The physician explains the procedure and obtains consent. A time out is performed and the physician washes hands and dons personal protective equipment. The patient is positioned in an upright, seated position and draped for protection. The previously placed posterior pack is removed. Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for them to take effect.

Description of Intra-Service Work: Topical vasoconstrictors are applied to the site of bleeding to visualize the area well and control the epistaxis. Once adequate visualization is achieved, an attempt to identify the source of bleeding is made. Local anesthesia is infiltrated into the area as extensive cautery is needed. Cautery is applied directly to the site of bleeding if identified as well as the surrounding area to disrupt any feeding vasculature. A posterior nasal pack is placed transnasal, applying direct pressure to the site of bleeding. The remainder of the nasal cavity is then packed with absorbable hemostatic material as well as Vaseline gauze.

Description of Post-Service Work: The patient is monitored during the recovery period. Restrictions (i.e. activity), treatment, and findings are explained to the patient. Subsequent evaluation and therapeutic plan are discussed. Laboratory values evaluating the extent of blood loss are reviewed. The primary care physician is contacted regarding need and timing for further use of anticoagulation medication. The procedure note is dictated and findings communicated to the referring physician. Medication reconciliation is performed. Admission orders are written.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Peter Manes, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	30906				
<b>Sample Size:</b>	2565	<b>Resp N:</b>	76	<b>Response:</b> 2.9 %	
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	3.00	5.00	300.00
<b>Survey RVW:</b>	0.00	2.54	3.00	3.75	14.00
<b>Pre-Service Evaluation Time:</b>			21.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	2.00	15.00	30.00	42.00	90.00
<b>Immediate Post Service-Time:</b>	<u>15.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	30906	<b>Recommended Physician Work RVU: 2.45</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	12.00	17.00	-5.00	
<b>Pre-Service Positioning Time:</b>	1.00	1.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	5.00	0.00	
<b>Intra-Service Time:</b>	30.00			
<b>Please, pick the <u>post-service</u> 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)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	18.00	-3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31237	000	2.60	RUC Time

CPT Descriptor Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43194	000	3.51	RUC Time

CPT Descriptor Esophagoscopy, rigid, transoral; with removal of foreign body(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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12013	000	1.22	RUC Time	51,998

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
11043	000	2.70	RUC Time	249,995

CPT Descriptor 2 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43247	000	3.21	RUC Time

CPT Descriptor Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 23      % of respondents: 30.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 12      % of respondents: 15.7 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>30906</u></b>	<b>Top Key Reference CPT Code: <u>31237</u></b>	<b>2nd Key Reference CPT Code: <u>43194</u></b>
Median Pre-Service Time	18.00	23.00	49.00
Median Intra-Service Time	30.00	20.00	30.00
Median Immediate Post-service Time	15.00	5.00	28.00
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
<b>Median Total Time</b>	<b>63.00</b>	<b>48.00</b>	<b>107.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.48	0.92
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.35	0.50
Urgency of medical decision making	1.30	1.17

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.57	0.33
Physical effort required	0.87	0.42

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.00	0.58
Outcome depends on the skill and judgment of physician	0.61	0.92
Estimated risk of malpractice suit with poor outcome	0.65	0.50

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.83	0.92
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Reason for Survey:** Three of the codes in this family were captured by the CMS OP/PS Cap screen issued within the 2014 Medicare Physician Fee Schedule (MP/FS) proposed rule. In response to this, the Academy (along with several other specialties) elected to review the practice expense for all Otolaryngology services captured by this screen in hopes of addressing CMS' concerns that the PE for these services may be overstated or incorrect. The PE for this family was reviewed at the April 2014 RUC meeting and submitted to CMS. CMS, however, elected not to accept the PE as submitted, based on their concerns that PE should not be reviewed without a coinciding review of the physician work. Thus, in the 2016 final rule, CMS included the OP/PS cap codes again on their "potentially misvalued codes" list, and requested a review of the physician work for these services. The RUC and the Academy commented that we understood CMS' concerns about implementing PE inputs without the corresponding work being reviewed, however, after analyzing the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remain. The codes are 10021, 30903, 88333, 88334, 95812 and 95813. Given that 30903 remained on this list, the Academy indicated an interest in surveying the entire family of nasal hemorrhage codes (30901-30906) for the April 2016 RUC meeting.

**Background on prior valuations:**

In October 2009, CPT code 30901 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method was identified for review through the Five-Year Review Identification Workgroup screen of Harvard valued codes with Medicare utilization over 100,000. In response, 30901 was surveyed and presented at the April 2010 RUC meeting.

Codes 30903-30906 were last valued by the RUC in 1995. At that time, the Academy presented compelling evidence, based on the reported survey data, to increase the values of all three codes quite significantly from current values. The RUC did not agree that compelling evidence existed due to the fact that the median intra

times were very similar to the Harvard intra service times. Thus, the RUC recommended maintaining existing value for these three codes at that time.

### Survey Sample:

The survey data and recommendations are based upon a random sample of AAO-HNS members. The total sample size was 2565 otolaryngologists.

### Physician Time:

#### *Pre-Service Time*

Our expert panel selected pre-service package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) for this family of codes based on the fact they are performed either in the emergency room or the physician office using local / topical anesthesia. We are recommending taking the lesser of the survey or the pre-time package. We acknowledge that an E/M is typically done with this procedure, and given that the survey respondents included more pre-time for evaluation than allowed by the package, we reduced the time down to the package's 17 minutes and then removed an additional 5 minutes of evaluation time to account for the E/M visit. **Therefore, we recommend a total pretime of 18 minutes.**

#### *Intra-Service Time*

Performing the subsequent procedure typically means the initial performance of the procedure failed. Therefore, you are doing more during the intraservice time in order to control the epistaxis, leading to longer intraservice time. **Therefore, we are recommending our median survey time of 30 minutes for intra service work**

#### *Post-Service Time*

The expert panel selected post-package 7A (Local Anesthesia/ Straightforward Procedure) for this code. We are recommending taking the lesser of the survey or the pre-time package. While these are typically done in a physician's office, patients with a recurrent posterior bleed are typically admitted after intervention (no matter where the procedure is performed) for monitoring of further bleeding, as posterior epistaxis can lead to significant blood loss. **The expert panel recommends a post-service time of 15 minutes.**

### Physician Work RVU

Upon review of the survey results, the expert panel **recommends existing value of 2.45 RVUs which is below the 25<sup>th</sup> percentile of our survey.**

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 30906, as they demonstrate relativity across the fee schedule.

#### *Key Reference codes*

Time Source	Most Recent RUC Review	CPT Code	Long Desc	Global	Work RVU	Pre	Intra	Post	Total Time	IWPUT
RUC	Apr13	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	000	2.60	23	20	5	48	0.102
RUC	Oct12	43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	000	3.51	49	30	28	107	0.064

#### *Additional Reference Codes*

Time Source	Most Recent RUC Review	CPT Code	Long Desc	Global	Work RVU	Pre	Intra	Post	Total Time	IWPUT
RUC	Jan13	43241	Esophagogastroduodenoscopy,	000	2.59	33	30	15	78	.0529

			flexible, transoral; with insertion of intraluminal tube or catheter							
RUC	Apr13	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	000	2.6	23	20	5	48	.1022
RUC	Apr10	12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	000	2.68	11	30	6	47	.0771
RUC	Jan15	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	000	2.78	21	30	15	66	.0682
RUC	Jan14	44389	Colonoscopy through stoma; with biopsy, single or multiple	000	3.12	26	30	14	70	.0765
RUC	Jan13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	000	3.21	23	30	15	68	.081

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☒ Other reason (please explain) typically reported with an E/M or hospital visit on the same day.

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) 30906

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology

How often? Sometimes

Specialty Emergency Medicine

How often? Rarely

Specialty Physician Asst / Family Practice

How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 3672

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2014 Medicare volume multiplied by three.

Specialty Otolaryngology	Frequency 2717	Percentage 73.99 %
Specialty Emergency Medicine	Frequency 661	Percentage 18.00 %
Specialty Physician Asst / Family Practice	Frequency 110	Percentage 2.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,224

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2014 Medicare volume per the RUC database.

Specialty Otolaryngology	Frequency 906	Percentage 74.01 %
Specialty Emergency Medicine	Frequency 220	Percentage 17.97 %
Specialty Physician Asst / Family Practice	Frequency 37	Percentage 3.02 %

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

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### **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 30906

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	AQ	AR	AS	AT	AU	
13	ISSUE: Control of Nasal Hemorrhage																											
14	TAB: 20																											
15						RVW					Total	Pre Pkg	PRE-TIME			INTRA-TIME					Post Pkg	IMMD POST	SURVEY EXPERIENCE					
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX	
17	1st REF	31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	21	0.123			1.10			21		5	1	5			7			3							
18	2nd REF	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	15	0.068			1.07			24		5	1	1			12			5							
19	CURRENT	30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method		0.081			1.10			26		6		5			10			5							
20	SVY		Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	83	0.072	0.00	1.00	1.10	1.30	77.00	30		5	5	5	1	5	10	10		30	5	1	15	30	50	250	
21	REC				0.086	1.10					24	6A	3	1	5			10		7A	5							
22	1st REF	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	15	0.102			2.60			48		17	1	5			20			5							
23	2nd REF	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	11	0.064			1.22			27		5	1	1			15			5							
24	CURRENT	30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method		0.021			1.54			70		20					30			20							
25	SVY		Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	83	0.080	0.00	1.30	1.80	2.50	12.00	45		10	5	5	1	10	15	20		45	10	0	6	15	30	200	
26	REC				0.072	1.54					39	1A	8	1	5			15		7B	10							
27	1st REF	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	27	0.102			2.60			48		17	1	5			20			5							
28	2nd REF	43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	9	0.064			3.51			107		33	6	10			30			28							
29	CURRENT	30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial		0.013			1.97			108		30					48			30							
30	SVY		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	78	0.094	0.00	2.20	2.60	3.29	12.00	56		10	10	6	2	15	20	30		60	10	0	2	5	10	150	
31	REC				0.075	1.97					44	1A	8	1	5			20		7B	10							
32	1st REF	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	23	0.102			2.60			48		17	1	5			20			5							
33	2nd REF	43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	12	0.064			3.51			107		33	6	10			30			28							
34	CURRENT	30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent		0.015			2.45			130		30					60			40							
35	SVY		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	76	0.063	0.00	2.54	3.00	3.75	14.00	86		21	10	10	2	15	30	42		90	15	0	1	3	5	300	
36	REC				0.059	2.45					63	6A	12	1	5			30		7A	15							

**Tab Number: 19, 20, 21**


**Issue: Nasal hemorrhage, Turbinate, Tracheostomy**

**Code(s): 30901-30906, 30140, 31600-31610**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	Peter Manes, MD
<b>Specialty Society:</b>	American Academy of Otolaryngology – Head and Neck Surgery
<b>Date:</b>	April 5, 2016

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

CPT Long Descriptor: Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method

CPT Long Descriptor: Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method;  
initial

CPT Long Descriptor: Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method;  
subsequent

Global Period: 000 Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: ***We convened an expert panel to develop our PE recommendations for these services.***

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: ***We used the existing PE inputs for these codes as our reference. Of note, codes 30903-30906 had their PE inputs reviewed in April 2014. 30901 was not reviewed at that time and has not been reviewed since October 2000.***

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 not requesting an increase in facility clinical staff time for this code.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

There are no pre-service staff activities for 30901 or 30903. For 30905 and 30906, the PE subcommittee previously approved time for staff to schedule space in the facility and obtain consent prior to the procedure.

Intra-Service Clinical Labor Activities:

There are no staff activities in the facility for these services as they are 000 global codes.

Post-Service Clinical Labor Activities:

We are not requesting any post service staff time when these procedures are performed in the facility setting.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non- Facility Direct Inputs**

CPT Long Descriptor: Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

CPT Long Descriptor: Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method

CPT Long Descriptor: Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method;  
initial

CPT Long Descriptor: Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method;  
subsequent

Global Period: .000 Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: ***We convened an expert panel to develop our PE recommendations for these services.***

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:  
***We used the existing PE inputs for these codes as our reference. Of note, codes 30903-30906 had their PE inputs reviewed in April 2014. 30901 was not reviewed at that time and has not been reviewed since October 2000.***

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 an increase in clinical staff time for 30901 to ensure the times for each activity are in accordance with PE subcommittee standards that have been put in place since the code's PE was last reviewed in 2000. We also modified the monitoring time for 30905 and 30906, which is much more critical with posterior bleeds, to reflect that the monitoring is done at a 1:4 ratio. This distinction / line was not available when the codes were reviewed in April 2014.

We are also requesting some modified supplies and equipment to replace former inputs that are now outdated and no longer the standard. For example, we are replacing the surgical mask for the physician and staff with a surgical mask with face shield. We replaced the former syringe with a 3CC syringe which is needed to inflate the catheter. We added an epistaxis balloon for both posterior codes as this is the item utilized to control posterior epistaxis. We added tubing and suction (Yankauer and Frazier) to 30901 as this is how you suck out the patient's mouth and suction the blood that's in the nose. We added a suction canister to each code to collect the suctioned blood. We added cautery supplies to 30905 as it was erroneously left out of the last PE review. We replaced the cotton balls with cottonoids and the lidocaine with epi with 1-2% injectable lidocaine to mirror other codes in this area of the CPT book. We added an atomizer tip and tip shield as it was erroneously left out of the last PE review, and is needed to deliver topical medications to the nose. Further, shoe covers are used to avoid soiling of the physician and staff's shoes.

For equipment, we added several items to 30901 to make it consistent with the other codes in this family. That includes the electrocautery, the SMR cabinet, and the instrument pack of basic instruments such as a nasal speculum, alligator forceps,

Blakesely forceps and bayonet forceps. We are also requesting additional equipment time to clean the necessary items used during the procedure.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

There are no pre-service staff activities for these services when performed in a physician office.

Intra-Service Clinical Labor Activities:

Intra service activities performed by the staff include: prepare room and equipment, position patient, assist physician with application of local / topical anesthesia used during the procedure, assist the physician with the procedure, monitor the patient (1:4 ratio), clean the room and equipment, clean the surgical instruments, review lab reports, and provide home care instructions and coordinate prescriptions or antibiotics. Time was removed for all codes for lines 21-23 to reflect that these are typically done with an E/M or a hospital visit, however, we are requesting additional time, despite an E/M typically being done on the same day because the equipment needed for this procedure is not typically available or prepared for an E/M visit. This includes topical anesthetic, topical vasoconstrictors, bayonet forceps, silver nitrate, and nasal packing. Further, the patient needs to be draped which is not typically done with an E/M.

Post-Service Clinical Labor Activities:

We are requesting 3 minutes for staff to make phone calls in the post op period. During this time staff call in prescriptions for pain medication or antibiotics depending on what the physician used to pack the patient's nose.

	A	B	C	D	E	F	G	H
1				REFERENCE CODE				REFEREN
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			CPT Code 30901		CPT Code 30901		CPT Cod
3	Meeting Date: <b>REVISED</b> April 2016 Tab: 20 Specialty: AAOHNS	CMS Code	Staff Type	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method		Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method <b>Done w/ E/M</b>		Control hemorrhag complex ( cautery and any m
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac
5	GLOBAL PERIOD			000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME			30.0	0.0	36.0	0.0	78.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	30.0	0.0	36.0	0.0	75.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0	0.0	3.0
10	PRE-SERVICE							
11	Start: Following visit when decision for surgery or procedure made							
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	0	0	0	0	0
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	0	0	0	0	0
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0	0	0	0	0
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0	0	0	0	0
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	0	0	0	0	0
17	Other Clinical Activity - <i>specify:</i>							
18	End: When patient enters office/facility for surgery/procedure							
19	SERVICE PERIOD							
20	Start: When patient enters office/facility for surgery/procedure:							
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA					3
22	Obtain vital signs	L037D	RN/LPN/MTA					3
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	2				2
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2
25	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			0		0
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA			2		2
28	Other Clinical Activity - <i>specify:</i>	L037D	RN/LPN/MTA					
29	Intra-service							
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	18		10		30
31	Assist physician/moderate sedation (% of physician time)	L037D	RN/LPN/MTA			0		
32	Post-Service							
33	Monitor pt. following moderate sedation	L037D	RN/LPN/MTA			0		0
34	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	L037D	RN/LPN/MTA			4		15
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA	1		0		0
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		3
37	Clean Scope	L037D	RN/LPN/MTA			0		0
38	Clean Surgical Instrument Package	L037D	RN/LPN/MTA			10		10
39	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA			0		0
40	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA					
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	2		3		3
42	Other Clinical Activity - <i>specify:</i>	L037D	RN/LPN/MTA			0		0
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a
46	End: Patient leaves office							

	A	B	C	D	E	F	G	H
1				REFERENCE CODE				REFEREN
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			CPT Code 30901		CPT Code 30901		CPT Cod
3	Meeting Date: <b>REVISED</b> April 2016 Tab: 20 Specialty: AAOHNS	CMS Code	Staff Type	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method		Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method <b>Done w/ E/M</b>		Control hemorrhag complex ( cautery and any m
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac
5	GLOBAL PERIOD			000	000	000	000	000
47	POST-SERVICE Period							
48	Start: Patient leaves office/facility							
49	Conduct phone calls/call in prescriptions			0		0		3
50	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits
51	99211 16 minutes		16					
52	99212 27 minutes		27					
53	99213 36 minutes		36					
54	99214 53 minutes		53					
55	99215 63 minutes		63					
56	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0
57	Other Clinical Activity - specify:							
58	End: with last office visit before end of global period							
59	MEDICAL SUPPLIES*	CODE	UNIT					
60	pack, minimum multi-specialty visit	SA048	pack	1		1		1
61	gown, staff, impervious	SB027		2		2		2
62	mask, surgical	SB033		2		0		2
63	mask, surgical, with face shield	SB034	item	NEW		2		NEW
64	shoe covers, surgical	SB039		NEW		2		2
65	underpad 2ft x 3ft (Chux)	SB044		NEW		1		1
66	needle, 18-27g	SC029		1		0		1
67	syringe 10-12ml	SC051				0		1
68	syringe 3ml	SC055	item	1		0		0
69	canister, suction	SD009		NEW		1		1
70	epistaxis balloon	SD071						
71	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134		0.5		1		NEW

	A	B	C	I	J	K
1				<b>CE CODE</b>		
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>Code 30903</b>	<b>CPT Code 30903</b>	
3	Meeting Date: <b>REVISED</b> April 2016 Tab: 20 Specialty: AAOHNS	CMS Code	Staff Type	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method <b>Done w/ E/M</b>		
4	LOCATION			Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000
6	TOTAL CLINICAL LABOR TIME			3.0	41.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	41.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3.0	0.0	0.0
10	<b>PRE-SERVICE</b>					
11	<b>Start: Following visit when decision for surgery or procedure made</b>					
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	0	0	0
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	0	0	0
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0	0	0
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0	0	0
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	0	0	0
17	Other Clinical Activity - <i>specify:</i>					
18	<b>End: When patient enters office/facility for surgery/procedure</b>					
19	<b>SERVICE PERIOD</b>					
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>					
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			
22	Obtain vital signs	L037D	RN/LPN/MTA			
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA		2	
25	Setup scope (non facility setting only)	L037D	RN/LPN/MTA		0	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA		2	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA		2	
28	Other Clinical Activity - <i>specify:</i>	L037D	RN/LPN/MTA			
29	<b>Intra-service</b>					
30	Assist physician in performing procedure	L037D	RN/LPN/MTA		15	
31	Assist physician/moderate sedation (% of physician time)	L037D	RN/LPN/MTA		0	
32	<b>Post-Service</b>					
33	Monitor pt. following moderate sedation	L037D	RN/LPN/MTA			
34	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	L037D	RN/LPN/MTA		4	
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA		0	
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA		3	
37	Clean Scope	L037D	RN/LPN/MTA		0	
38	Clean Surgical Instrument Package	L037D	RN/LPN/MTA		10	
39	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA		0	
40	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA			
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA		3	
42	Other Clinical Activity - <i>specify:</i>	L037D	RN/LPN/MTA		0	
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)				0	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)				n/a	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)				n/a	
46	<b>End: Patient leaves office</b>					



	A	B	C	I	J	K
1				CE CODE		
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			Code 30903	CPT Code 30903	
3	Meeting Date: <b>REVISED</b> April 2016 Tab: 20 Specialty: AAOHNS	CMS Code	Staff Type	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method <b>Done w/ E/M</b>		
4	LOCATION			Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000
47	POST-SERVICE Period					
48	Start: Patient leaves office/facility					
49	Conduct phone calls/call in prescriptions			3	0	0
50	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits
51	99211 16 minutes		16			
52	99212 27 minutes		27			
53	99213 36 minutes		36			
54	99214 53 minutes		53			
55	99215 63 minutes		63			
56	Total Office Visit Time			0.0	0.0	0.0
57	Other Clinical Activity - specify:					
58	End: with last office visit before end of global period					
59	MEDICAL SUPPLIES*	CODE	UNIT			
60	pack, minimum multi-specialty visit	SA048	pack		1	
61	gown, staff, impervious	SB027			2	
62	mask, surgical	SB033			0	
63	mask, surgical, with face shield	SB034	item		2	
64	shoe covers, surgical	SB039			2	
65	underpad 2ft x 3ft (Chux)	SB044			1	
66	needle, 18-27g	SC029			1	
67	syringe 10-12ml	SC051			1	
68	syringe 3ml	SC055	item		0	
69	canister, suction	SD009			1	
70	epistaxis balloon	SD071				
71	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134			1	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS High Expenditure Procedures*

April 2016

**Tracheostomy**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. Code 31600 was identified through this screen and codes 31601, 31603, 31605, and 31610 were added as family codes for survey.

**31600 Tracheostomy, planned (separate procedure);**

The RUC reviewed the survey results from 66 general surgeons and otolaryngologists and determined that the survey 25<sup>th</sup> percentile work RVU of 5.56, lower than the current value, appropriately accounts for the work required to perform this service. The RUC recommends 40 minutes of pre-service evaluation, 10 minutes of pre-service positioning, 10 minutes of pre-service scrub/dress/wait, 30 minutes of intra-service time and 30 minutes of immediate post-operative time.

The RUC compared the surveyed code to the top two key reference services 32608 *Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral* (work RVU = 6.84 and intra-service time of 60 minutes) and 43210 *Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed* (work RVU = 7.75 and intra-service time of 60 minutes) and agreed that the survey respondents valued this service lower as it requires less physician work and time to perform, but is more intense and complex. Performing a tracheotomy carries the risk of serious complications including bleeding, damage to the trachea, subcutaneous emphysema, pneumothorax, and hematoma, any of which can compromise continued breathing and patient survival.

The RUC compared 31600 to MPC code 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU 6.75 and 45 minutes intra-service time) and agreed that a work RVU of 5.56 for 31600 correctly accounts for less intra-operative time, but greater intensity and complexity, as the RUC noted that 52352 was an endoscopic outpatient procedure on an otherwise healthy individual. Finally, the RUC reviewed the relative intra-operative intensity to other recently reviewed codes with similar intensity and agreed that 31600 was relatively as intense and complex. For additional support the RUC referenced comparable services 34834 *Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral* (work RVU = 5.34 and 30 minutes intra-service time) and 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU = 5.10 and 35 minutes intra-service time). **The RUC recommends a work RVU of 5.56 for CPT code 31600.**

### **31601 Tracheostomy, planned (separate procedure); younger than 2 years**

#### **Compelling Evidence**

The specialty societies presented compelling evidence that the value for code 31601 was based on a flawed methodology. The specialty societies informed the RUC that Harvard reviewed code 31601 as a 090-day global code. In that study, the intra-operative work estimates were provided by only ten general otolaryngologists and the pre-and post-operative work were computed by algorithm. The specialty societies also noted that the 1992 Medicare Physician Payment Schedule indicated a 090-day global period for 31601 with a footnote that the work RVU was “gap-filled” by CMS. In the 1993 Medicare Physician Payment Schedule, the global period was changed to 000-day and the work RVU reduced without resurvey and without any discussion in the Federal Register text. The specialty societies further noted that, during the first five-year-review in 1995, a comment was made to CMS that the intra-operative work of 31601 was under valued and the code was surveyed. However, in 1995, the society did not have the history of the CMS global period changes and “gap fill” changes in valuation for this low volume procedure. Therefore, the RUC concluded that the patient population and procedure had not changed since the Harvard review and the Harvard work RVU was maintained. The rejected survey data were entered into the RUC database several years later and were marked “do not use to validate for physician work” because the surveyed physician time did not correspond to the Harvard work RVU that the RUC maintained. The RUC accepted the compelling evidence of flawed methodology as presented.

The RUC reviewed the survey results from 33 otolaryngologists and determined that the median work RVU of 8.00 appropriately accounts for the work required to perform this service. The RUC recommends 40 minutes of pre-service evaluation, 10 minutes of pre-service positioning, 10 minutes of pre-service scrub/dress/wait, 45 minutes of intra-service time and 30 minutes of immediate post-operative time.

The RUC compared the surveyed code to the top two key reference services 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* (work RVU = 8.58 and intra-service time of 68 minutes) and 43210 *Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed* (work RVU = 7.75 and intra-service time of 60 minutes) and agreed that this service is appropriately valued as it requires less time to perform but is more intense and complex. Performing a tracheotomy carries the risk of serious complications including bleeding, damage to the trachea, subcutaneous emphysema, pneumothorax, and hematoma, any of which can compromise continued breathing and survival. In addition, performing a tracheostomy in pediatric patients has added difficulty because a child's neck is anatomically different from an adult's neck in the following ways: The dome of the pleura extends into the neck and is thus vulnerable to injury. The trachea is pliable and can be difficult to palpate. The neck is short, and there is significantly less working space. The cricoid can be injured if it is not correctly identified. The RUC also determined that a work RVU of 8.00 for 31601 appropriately ranked relative to 31600, as 31601 is performed on a pediatric patient and is significantly more intense and complex and requires more physician time.

The RUC also agreed that code 31601 was more intense and complex than MPC code 52353 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)* (work RVU = 7.50 and 60 minutes intra-service time) which includes a low intensity diagnostic endoscopy prior to a therapeutic procedure and which is an outpatient procedure on otherwise healthy patients.. Finally, the RUC reviewed the relative intra-operative intensity to other recently reviewed codes with similar intensity and agreed that 31601 was relatively as intense/complex. **The RUC recommends a work RVU of 8.00 for CPT code 31601.**

### **31603 Tracheostomy, emergency procedure; transtracheal**

#### **Compelling Evidence**

The specialty societies presented compelling evidence that the value for code 31603 was based on a flawed methodology. The specialty societies informed the RUC that Harvard obtained estimates from both otolaryngologists and thoracic surgeons as a 090-day global code, however thoracic surgeons are not a primary provider of this service (less than 2%) and general surgeons (29%) were not included in the review. In addition, prior to implementation of the 1992 Medicare Physician Payment Schedule, the global period was changed from 090-day to 000-day and the work RVU reduced without any discussion in the Federal Register text. The specialty societies further noted that, during the first five-year-review in 1995, a comment was made to CMS that the intra-operative work of 31603 was under valued and the code was surveyed. However, in 1995, the society did not have the history of the CMS global period changes and “gap fill” changes in valuation for this low volume procedure. Therefore, the RUC concluded that the patient population and procedure had not changed since the Harvard review and the Harvard work RVU was maintained. The rejected survey data were entered into the RUC database several years later and were marked “do not use to validate for physician work” because the surveyed physician time did not correspond to the Harvard work RVU that the RUC maintained. The RUC accepted the compelling evidence of flawed methodology as presented.

The RUC reviewed the survey results from 61 general surgeons and otolaryngologists and determined that the survey 25<sup>th</sup> percentile work RVU of 6.00 appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes of pre-service evaluation, 5 minutes of pre-service positioning, 10 minutes of pre-service scrub/dress/wait, 30 minutes of intra-service time and 30 minutes of immediate post-operative time.

Although both 31603 and 31600 are both intense procedures, the RUC noted code 31603 is relatively more intense than a planned tracheostomy, code 31600. The RUC compared code 31603 to the top two key reference services 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* (work RVU = 8.58 and intra-service time of 68 minutes) and 32608 *Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral* (work RVU = 6.84 and intra-service time of 60 minutes) and agreed that 31603 requires less physician time to perform, but is more intense and complex. Performing a tracheostomy carries the risk of serious complications including bleeding, damage to the trachea, subcutaneous emphysema, pneumothorax, and hematoma, any of which can compromise continued breathing and survival. Furthermore, in this case, the airway is not secured during the performance of the procedure, increasing the intensity and complexity.

For additional support the RUC referenced comparable services 34834 *Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral* (work RVU = 5.34 and 30 minutes intra-service time); 36222 *elective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed* (work RVU = 5.53 and 40 minutes intra-service time) and MPC code 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU 6.75 and 45 minutes intra-service time) and agreed that a work RVU of 6.00 for 31603 correctly accounted for less intra-operative time, but greater intensity and complexity, as the RUC noted that 52352 was an endoscopic outpatient procedure on an otherwise healthy individual and 36222, a percutaneous procedure, was also performed most often as outpatient and 11% in the office and did not carry the risks and intensity of 31603. Finally, the RUC reviewed the relative intra-operative intensity to other recently reviewed codes with similar intensity and agreed that 31603 was relatively as intense and complex. **The RUC recommends a work RVU of 6.00 for CPT code 31603.**

### **31605 Tracheostomy, emergency procedure; cricothyroid membrane**

#### **Compelling Evidence**

The specialty societies presented compelling evidence that the value for code 31605 was based on a flawed methodology. The specialty societies informed the RUC that Harvard obtained estimates from 10 otolaryngologists only for intraoperative time. General surgeons and other providers of the service were not included in the review. The specialties also indicated that Harvard work estimates and the proposed rule for the 1992 Medicare Physician Payment Schedule indicated code 31605 was a 000-day global code with a proposed work RVU of 5.57 (FR 06/05/91). Prior to implementation of the Final Rule for the first payment schedule, it appears that code 31605 was treated as if it were reviewed as a 090-day global code similar to codes 31601 and 31603 and then reduced to 3.77 as a 000-day global code (FR 11/25/91) without any discussion in the Federal Register text. The RUC accepted the compelling evidence of flawed methodology as presented.

The survey was sent to a random selection of 1,802 surgeons from the AAO-HNS and ACS membership database. Responses were obtained from 56 surgeons; however the median experience was zero. This was not unexpected as this procedure is rarely performed. The survey data was significantly different between respondents who had experience and respondents without experience. After significant discussion, the RUC agreed that the recommendation should be based on the summary data from the experienced providers. The RUC reviewed the survey results from the 20 respondents with experience performing this very low volume service in the past 12 months and agreed that the survey 25<sup>th</sup> percentile work RVU of 6.45 accurately accounts for the work required to perform this procedure.

The RUC recommends 15 minutes of pre-service evaluation, 3 minutes of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 20 minutes of intra-service time and 21 minutes of immediate post-operative time. The RUC compared the surveyed code to the top two key reference services 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* (work RVU = 8.58 and intra-service time of 68 minutes) and 32608 *Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge,*

*incisional*), *unilateral* (work RVU = 6.84 and intra-service time of 60 minutes) and agreed that the intra-service work intensity of 31605 (IWPUT=0.277) is significantly more intense and complex than both of these services. The RUC noted that the intensity of 31605 is more comparable to the intensity for 31500 *Intubation, endotracheal, emergency procedure* (Feb 2016 for CY 2017 RUC recommended work RVU=3.00, intra-service time of 10 minutes and IWPUT=0.252). **The RUC recommends a work RVU of 6.45 for CPT code 31605.**

### **31610 Tracheostomy, fenestration procedure with skin flaps**

The RUC reviewed the survey results from 94 general surgeons and otolaryngologists and recommends the current work RVU of 9.38 and 40 minutes of pre-service evaluation, 10 minutes of pre-service positioning, 10 minutes of pre-service scrub/dress/wait, 45 minutes of intra-service time, 20 minutes of immediate post-operative time, 2-99231 subsequent hospital care visits, 1-99232 subsequent hospital care visit, 1-99233 subsequent hospital care visit, 1-99238 discharge day management and 3-99213 office visits. The RUC agreed that the 99232 visit is typically the first inpatient post-operative visit and is more intense and complex than the two 99231 visits because the physician is checking for significant post-op complications such as pneumothorax subcutaneous crepitus and subcutaneous emphysema. The 99231 visits are to evaluate the skin flaps for viability and make sure there is no infection. The 99233 service is typically 4-5 days after the procedure and is the most intense visit because it includes changing the tracheostomy, taking out sutures, removing the tracheostomy, inspecting the area and inserting a new tracheostomy into the stoma. Further, the RUC agreed that 3-99123 office visits are appropriate in order to examine the patient, inspect the larynx, remove the tracheostomy and examine stoma and skin flaps, replace the tracheostomy, cauterize any granulation tissue at stoma, answer patient/family questions, assess for adequacy of pain control and discuss proper maintenance of the tracheostomy including stoma care.

The RUC noted that the previous Harvard physician intra-service time of 61 minutes was computed by an algorithm. The initial Harvard review indicated the intra-operative time was 52 minutes and then finalized at 61 minutes. The RUC noted it is not valid to compare the current surveyed intra-operative time of 45 minutes to the old computed Harvard time. The specialty societies also noted that the Harvard postop visit times were transformed into low level hospital and office visits. The RUC noted that a correction of the postoperative visits to the correct levels results in a negative intensity. **The RUC determined that since this service has a negative IWPUT it should be converted to a 000-day global period and be re-surveyed.**

The RUC compared the surveyed code to the top two key reference services 41120 *Glossectomy; less than one-half tongue* (work RVU = 11.14 and intra-service time of 60 minutes) and 38542 *Dissection, deep jugular node(s)* (work RVU = 7.95 and intra-service time of 60 minutes) and recommends the current value as an interim step as there was no compelling evidence provided to consider a higher value at this time. The intra-operative work for CPT code 31610 is more intense and complex than both 41120 and 38542, both of which are outpatient procedures. The post-operative work for 31610 is significantly greater than both of the key reference services. **The RUC recommends an interim work RVU of 9.38 for CPT code 31610.**

**Practice Expense:**

CPT codes 31603 and 31605 were identified by the PE Subcommittee as emergent procedures and no practice expense direct inputs were requested for these two services. For CPT code 31610, the RUC recommends the 090-global direct practice expense inputs with minor modifications for additional supplies and equipment that are not standard to Evaluation and Management services.

**RUC Database Flag**

The RUC recommends to flag CPT codes 31605 and 31610 as “do not use” for validation of work as 31605 physician time and work recommendations are based on only the 20 survey respondents who performed this service in the past 12 months and 31610 has a negative IWPUT and should be considered for a 000-day global period.

**Global Period**

The RUC requests that CMS assign a 000-day global period to CPT code 31610 and it be resurveyed for October 2016 and may require CPT to create a new code to describe changing the tracheostomy tube in the office. The RUC noted that the specialty does not need to resurvey the entire family.

**Work Neutrality**

The RUC’s recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
31600	Tracheostomy, planned (separate procedure);	000	5.56
31601 (f)	Tracheostomy, planned (separate procedure); younger than 2 years	000	8.00
31603 (f)	Tracheostomy, emergency procedure; transtracheal	000	6.00
31605 (f)	Tracheostomy, emergency procedure; cricothyroid membrane	000	6.45

31610 (f)	Tracheostomy, fenestration procedure with skin flaps	090	9.38 (No Change)  (Interim, resurvey as 000-day global period)
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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 31600	Tracking Number	Original Specialty Recommended RVU: <b>6.93</b>
		Presented Recommended RVU: <b>6.93</b>
Global Period: 000		RUC Recommended RVU: <b>5.56</b>
CPT Descriptor: Tracheostomy, planned (separate procedure)		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65-year-old male with pneumonia and chronic obstructive pulmonary disease is unable to be extubated after prolonged intubation. A planned tracheostomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 25%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review labs and imaging. Select and order the appropriate antibiotic(s) and confirm timing and administration. Re-examine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and postoperative management. Mark site of proposed skin incision. Review and obtain informed consent with patient and/or family. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Patient is positioned with the neck extended and the shoulders elevated on a small roll. Assist with adjusting the OR table and anesthesia lines so operative site is accessible.. Perform surgical time out with operating surgical team and anesthesia team. Verify areas surrounding skin incisions to be prepared and draped and sterilely prep area. Scrub and gown. Re-assess position of the extremities and head. Drape out surgical area. Inject local anesthesia into planned incision site and subcutaneous tissue.

Description of Intra-Service Work: Under general anesthesia, a transverse incision is performed. Subcutaneous fat may be removed with electrocautery. Dissection proceeds until the midline raphe between the strap muscles is identified. The inferior limit of the field is palpated to assess the proximity of the innominate artery. The aberrant anterior jugular veins and smaller vessels are either cauterized or ligated. Midline dissection is essential for hemostasis and avoidance of paratracheal structures. The strap muscles are then separated and retracted laterally, exposing the pretracheal fascia and the thyroid isthmus. The thyroid isthmus division is performed sharply with suture ligature or with electrocautery. The isthmus is elevated off the trachea with a hemostat. Anesthesia is notified that the surgical team is about to enter the airway with a cricoid hook and the endotracheal tube balloon is deflated. A cricoid hook is placed to gain control of the airway and the endotracheal tube balloon is reinflated. Next, attention is turned to drying the field and cleaning the remaining fascia off of the anterior face of the trachea. The tracheostomy tube is tested to ensure there is no leak in the balloon. The presence and ease of access of all instruments needed to secure the airway is reconfirmed. Anesthesia is notified that the surgical team

will be entering the airway and the endotracheal tube balloon is deflated. After the trachea is entered, secretions and blood are suctioned out of the airway lumen. The lateral retractors are placed in the trachea and the tracheotomy is dilated. Anesthesia withdraws the endotracheal tube slowly to a point just proximal to the opening. The previously tested tracheostomy tube is inserted. The obturator is removed, the inner cannula is placed and the balloon is inflated. After an intact airway is confirmed with carbon dioxide return and bilateral breath sounds, the tracheostomy tube is secured to the skin with non-absorbable sutures. A tracheostomy collar is attached with the head flexed to avoid unnecessary slack in the collar. The skin is not closed to avoid the risk of subcutaneous emphysema and subsequent pneumomediastinum. A sponge is placed between the skin and the flange.

Description of Post-Service Work: Assist in transfer of patient from operating table to gurney. Supervise transfer of patient, who is respirator dependent, back to the ICU. Discuss postoperative recovery care with ICU staff. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate operative report and copy referring physician(s). Review post-operative x-ray for pneumothorax.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Peter Manes, MD; Charles Mabry, MD, FACS				
<b>Specialty(s):</b>	AAO-HNS, ACS				
<b>CPT Code:</b>	31600				
<b>Sample Size:</b>	1802	<b>Resp N:</b>	66	<b>Response:</b>	3.6 %
<b>Description of Sample:</b>	random selection from each society's membership database				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.00	<b>9.00</b>	17.00	100.00
<b>Survey RVW:</b>	1.50	5.56	<b>6.93</b>	8.00	13.00
<b>Pre-Service Evaluation Time:</b>			<b>45.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>10.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>10.00</b>		
<b>Intra-Service Time:</b>	10.00	30.00	<b>30.00</b>	45.00	60.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	31600	<b>Recommended Physician Work RVU: 5.56</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>40.00</b>	<b>40.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>10.00</b>	<b>3.00</b>	<b>7.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>10.00</b>	<b>20.00</b>	<b>-10.00</b>	
<b>Intra-Service Time:</b>	<b>30.00</b>			
<b>Please, pick the <u>post-service</u> 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)</b>				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>30.00</b>	<b>33.00</b>	<b>-3.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43210	000	0.00	RUC Time

CPT Descriptor Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52352	000	6.75	RUC Time	22,192

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52353	000	7.50	RUC Time	16,704

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 21.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 15.1 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31600</u></b>	<b>Top Key Reference CPT Code: <u>32608</u></b>	<b>2nd Key Reference CPT Code: <u>43210</u></b>
Median Pre-Service Time	60.00	65.00	58.00
Median Intra-Service Time	30.00	60.00	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	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
<b>Median Total Time</b>	<b>120.00</b>	<b>155.00</b>	<b>148.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	-0.64	-0.10
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.14	0.20
Urgency of medical decision making	0.14	0.30

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.21	0.60
Physical effort required	0.07	0.60

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.43	1.00
Outcome depends on the skill and judgment of physician	0.43	0.60
Estimated risk of malpractice suit with poor outcome	0.50	1.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.14	0.70
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In the Final Rule for 2016, code 36100 was identified by CMS through a screen of high expenditure services across specialties with Medicare allowed charges of \$10 million or more.

**Survey Sample**

A survey request was sent to a random selection of 1,802 surgeons from the AAO-HNS and ACS membership database.

**Recommendation - 31600****Pre-time Package 4**

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). **Recommended times for the preservice categories are 40/10/10.** An additional 7 minutes has been added for positioning (*Patient is positioned with the neck extended and the shoulders elevated on a small roll. Assist with adjusting the OR table and anesthesia lines so operative site is accessible. Re-assess position of the extremities and head, adjust as needed. Inject local anesthesia into planned incision site and subcutaneous tissue.*). The scrub, dress, wait time has been reduced by 10 minutes to be consistent with the survey median.

**Post-time Package 9b**

We recommend post-time package 9b (*General Anesthesia or Complex Regional Block/Complex Procedure*), with a reduction of 3 minutes to be consistent with the survey median.

**Key Reference Services (KRS)**

The intra-operative work of code 31600 is more intense/complex than both 32608 and 43210. Performing a tracheotomy carries the risk of serious complications including bleeding, damage to the trachea, subcutaneous emphysema, pneumothorax, and hematoma, any of which can compromise continued breathing and patient survival.

**MPC Comparison**

The intra-operative work of code 31600 is more intense than MPC codes 52352 and 52353, both of which include diagnostic endoscopy prior to a therapeutic procedure and both of which are outpatient procedures on otherwise healthy patients.

**Other Comparison Codes**

The intra-operative work for code 31600 is intense and complex and carries the risk of serious complications that could compromise a patient's survival. Code 31600 is not easily compared with other 000 global codes, many of which are performed as outpatient and/or office procedures on ambulatory patients. As support of our recommendation, we provide a list of codes below that have been recently reviewed by the RUC and approved by CMS that have intra-operative intensities comparable to the IWPUT of 0.123 for 31600 with a work RVU of 5.56.

RUC	CPT	DESCRIPTOR	IWPUT	INTRA TIME
2015	<b>65855</b>	Trabeculoplasty by laser surgery	0.142	10
2010	<b>35840</b>	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	0.142	60
2012	<b>92937</b>	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	0.145	67
2013	<b>33366</b>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	0.147	195
2012	<b>92941</b>	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	0.155	70
2013	<b>67041</b>	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	0.160	60
2013	<b>67042</b>	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)	0.160	60
2010	<b>67220</b>	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	0.183	15
2010	<b>67210</b>	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	0.199	15
2012	<b>66982</b>	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	0.207	33
2012	<b>66984</b>	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	0.210	21
2012	<b>65800</b>	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	0.217	5

Specialty	Frequency 0	Percentage 0.00 %
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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

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**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 31600

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:31601      Tracking Number

Original Specialty Recommended RVU: **8.00**

Global Period: 000

Presented Recommended RVU: **8.00**RUC Recommended RVU: **8.00**

CPT Descriptor: Tracheostomy, planned (separate procedure); younger than 2 years

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: An 18-month-old male with subglottic stenosis is unable to be extubated after prolonged intubation. A planned tracheostomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 15%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review labs and imaging. Select and order the appropriate antibiotic(s) and confirm timing and administration. Re-examine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and postoperative management. Mark site of proposed skin incision. Review and obtain informed consent with patient and/or family. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Patient is positioned with the neck extended and the shoulders elevated on a small roll. Assist with adjusting the OR table and anesthesia lines so operative site is accessible.. Perform surgical time out with operating surgical team and anesthesia team. Verify areas surrounding skin incisions to be prepared and draped and sterilely prep area. Scrub and gown. Re-assess position of the extremities and head. Drape out surgical area. Inject local anesthesia into planned incision site and subcutaneous tissue.

Description of Intra-Service Work: Under general anesthesia, a transverse incision is performed. Subcutaneous fat may be removed with electrocautery. Dissection proceeds until the midline raphe between the strap muscles is identified. The inferior limit of the field is palpated to assess the proximity of the innominate artery. The aberrant anterior jugular veins and smaller vessels are either cauterized or ligated. Midline dissection is essential for hemostasis and avoidance of paratracheal structures. The strap muscles are then separated and retracted laterally, exposing the pretracheal fascia and the thyroid isthmus. The thyroid isthmus division is performed sharply with suture ligature or with electrocautery. The isthmus is elevated off the trachea with a hemostat. Anesthesia is notified that the surgical team is about to enter the airway with a cricoid hook and the endotracheal tube balloon is deflated. A cricoid hook is placed to gain control of the airway and the endotracheal tube balloon is reinflated. Next, attention is turned to drying the field and cleaning the remaining fascia off of the anterior face of the trachea. The tracheostomy tube is tested to ensure there is no leak in the balloon. The presence and ease of access of all instruments needed to secure the airway is reconfirmed. Anesthesia is notified that the surgical team will be entering the airway and the endotracheal tube balloon is deflated. After the trachea is entered, secretions and blood

are suctioned out of the airway lumen. The lateral retractors are placed in the trachea and the tracheotomy is dilated. Anesthesia withdraws the endotracheal tube slowly to a point just proximal to the opening. The previously tested tracheostomy tube is inserted. The obturator is removed, the inner cannula is placed and the balloon is inflated. After an intact airway is confirmed with carbon dioxide return and bilateral breath sounds, the tracheostomy tube is secured to the skin with non-absorbable sutures. A tracheostomy collar is attached with the head flexed to avoid unnecessary slack in the collar. The skin is not closed to avoid the risk of subcutaneous emphysema and subsequent pneumomediastinum. A sponge is placed between the skin and the flange.

Description of Post-Service Work: Assist in transfer of patient from operating table to gurney. Supervise transfer of patient, who is respirator dependent, back to the ICU. Discuss postoperative recovery care with ICU staff. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate operative report and copy referring physician(s). Review post-operative x-ray for pneumothorax.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Peter Manes, MD				
<b>Specialty(s):</b>	AAO-HNS				
<b>CPT Code:</b>	31601				
<b>Sample Size:</b>	1379	<b>Resp N:</b>	33	<b>Response:</b> 2.3 %	
<b>Description of Sample:</b>	random selection				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	0.00	0.00	<b>4.00</b>	7.00	20.00
<b>Survey RVW:</b>	2.50	6.50	<b>8.00</b>	9.00	15.00
<b>Pre-Service Evaluation Time:</b>			<b>75.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>15.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>10.00</b>		
<b>Intra-Service Time:</b>	20.00	30.00	<b>45.00</b>	50.00	80.00
<b>Immediate Post Service-Time:</b>	<b>30.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	31601	<b>Recommended Physician Work RVU: 8.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>40.00</b>	<b>40.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>10.00</b>	<b>3.00</b>	<b>7.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>10.00</b>	<b>20.00</b>	<b>-10.00</b>	
<b>Intra-Service Time:</b>	<b>45.00</b>			
<b>Please, pick the <u>post-service</u> 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)</b> 9B General Anes or Complex Regional Blk/Complex Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>30.00</b>	<b>33.00</b>	<b>-3.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43274	000	8.58	RUC Time

CPT Descriptor 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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43210	000	7.75	RUC Time

CPT Descriptor Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52353	000	7.50	RUC Time	16,704

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 11      % of respondents: 33.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 15.1 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>31601</u>	Top Key Reference CPT Code: <u>43274</u>	2nd Key Reference CPT Code: <u>43210</u>
Median Pre-Service Time	60.00	48.00	58.00
Median Intra-Service Time	45.00	68.00	60.00
Median Immediate Post-service Time	30.00	23.00	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
<b>Median Total Time</b>	<b>135.00</b>	<b>139.00</b>	<b>148.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.36	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.91	1.00
Urgency of medical decision making	0.36	1.00
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	1.09	1.20
Physical effort required	0.73	1.20

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.36	1.60
Outcome depends on the skill and judgment of physician	0.91	1.40
Estimated risk of malpractice suit with poor outcome	1.45	2.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.09	1.60
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In the Final Rule for 2016, code 36100 was identified by CMS through a screen of high expenditure services across specialties with Medicare allowed charges of \$10 million or more. Code 36101 was added as family code.

**Compelling Evidence****Flawed methodology in previous valuation:**

Code 31601 is a rarely performed pediatric procedure. Harvard reviewed code 31601 as a 90-day global code. Intra-operative work estimates were provided by only ten general otolaryngologists and pre-and post-operative work was computed by algorithm. In fact, the 1992 PFS indicated a 90-day global period for 31601 with a footnote that the work RVU was "gap-filled" by CMS. In the 1993 PFS, the global period was changed to 0-day and the work RVU reduced without any discussion in the Federal Register text. **Therefore, we believe the original Harvard value was derived using a flawed methodology.**

During the first five-year-review in 1995, AAO-HNS commented that the intra-operative work of 31601 was under valued. The RUC workgroup reviewing the otolaryngology codes developed criteria for considering a change in a value, specifically, the presenting society was required to have convincing evidence of a change in patient or convincing evidence that Harvard times were incorrect. Absent that evidence, the workgroup maintained the current Harvard work RVU. In 1995, the society did not have the history of the global period changes and "gap fill" changes in valuation for this low volume procedure. Therefore, the workgroup concluded that the patient population and procedure had not changed since the Harvard review. They recommended to maintain the Harvard work RVU and rejected the society recommendation of 7.75. Several years after the 1995 review, when the RUC database was created, the Harvard work RVU and the 1994 survey data were included as RUC time. Several years after that, the code was tagged as "do not use to validate for physician work" because the surveyed physician time did not correspond to the Harvard work RVU. **We believe the process of review during the Harvard study and the 1995 5YR was flawed and that consideration should have been given to the value of the intra-operative work relative to other highly intense/complex procedures.**

**Survey Sample**

A survey request was sent to a random selection of 1,379 surgeons from the AAO-HNS membership database.

**Recommendation - 31601**

We recommend the survey median work RVU of 8.00 for code 31601.

**Pre-time Package 4**

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). **Recommended times for the preservice categories are 40/10/10.** An additional 7 minutes has been added for positioning (*Infant is positioned with the neck extended and the shoulders elevated on a small roll. Assist with adjusting the OR table and anesthesia lines so operative site is accessible. Re-assess position of the extremities and head, adjust as needed. Inject local anesthesia into planned incision site and subcutaneous tissue.*). The scrub, dress, wait time has been reduced by 10 minutes to be consistent with the survey median.

**Post-time Package 9b**

We recommend post-time package 9b (*General Anesthesia or Complex Regional Block/Complex Procedure*), with a reduction of 3 minutes to be consistent with the survey median.

**Key Reference Services (KRS)**

The intra-operative work of code 31601 is more intense/complex than both 43274 and 43210. Performing a tracheotomy carries the risk of serious complications including bleeding, damage to the trachea, subcutaneous emphysema, pneumothorax, and hematoma, any of which can compromise continued breathing and survival. In addition, performing a tracheostomy in pediatric patients has added difficulty because a child's neck is anatomically different from an adult's neck in the following ways: The dome of the pleura extends into the neck and is thus vulnerable to injury. The trachea is pliable and can be difficult to palpate. The neck is short, and there is significantly less working space. The cricoid can be injured if it is not correctly identified.

**MPC Comparison**

The intra-operative work of code 31601 is more intense/complex than MPC code 52353, which includes diagnostic endoscopy prior to a therapeutic procedure and which is an outpatient procedure on an otherwise healthy patient.

**Other Comparison Codes**

The intra-operative work for code 31601 is intense and complex and carries the risk of serious complications that could compromise a patient's survival. Code 31601 is not easily compared with other 000 global codes, many of which are performed as outpatient and/or office procedures on ambulatory patients. As support of our recommendation, we provide a list of codes below that have been recently reviewed by the RUC and approved by CMS that have intra-operative intensities comparable to the IWPUT of 0.134 for 31601 with a work RVU of 8.00.

RUC	CPT	DESCRIPTOR	IWPUT	INTRA TIME
2015	<b>65855</b>	Trabeculoplasty by laser surgery	0.142	10
2010	<b>35840</b>	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	0.142	60
2012	<b>92937</b>	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	0.145	67
2013	<b>33366</b>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	0.147	195
2012	<b>92941</b>	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	0.155	70
2013	<b>67041</b>	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	0.160	60
2013	<b>67042</b>	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)	0.160	60
2010	<b>67220</b>	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	0.183	15



RUC	CPT	DESCRIPTOR	IWPUT	INTRA TIME
2010	<b>67210</b>	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	0.199	15
2012	<b>66982</b>	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	0.207	33
2012	<b>66984</b>	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	0.210	21
2012	<b>65800</b>	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	0.217	5

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 31601

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty otolaryngology                      How often? Rarely

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 13 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 otolaryngology Frequency 5 Percentage 38.46 %

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:

Major procedure

BETOS Sub-classification Level II:

Other

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### **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 31601

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:31603	Tracking Number	Original Specialty Recommended RVU: <b>8.00</b>
		Presented Recommended RVU: <b>6.00</b>
Global Period: 000		RUC Recommended RVU: <b>6.00</b>
CPT Descriptor: Tracheostomy, emergency procedure; transtracheal		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 57-year-old male presents with significant airway obstruction from a large laryngeal tumor. There is concern for impending airway obstruction. An emergency tracheostomy transtracheal is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 17%

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 pre-service work in a patient requiring an emergency tracheostomy is by nature limited due to the time constraints placed upon the physician. Typical pre-service work is not always possible, including reviewing labs, imaging, patient history and ordering pre-operative medications. Landmarks (eg, thyroid notch, sternal notch, cricoid cartilage) will be marked followed by marking the planned incision. Patient is positioned with the neck extended and the shoulders elevated on a small roll. Areas surrounding the skin incision are prepped and draped. The physician scrubs and gowns. Local anesthesia is infiltrated.

Description of Intra-Service Work: Under local anesthesia, a transverse incision is performed. Subcutaneous fat may be removed with electrocautery. Dissection proceeds until the midline raphe between the strap muscles is identified. The inferior limit of the field is palpated to assess the proximity of the innominate artery. The aberrant anterior jugular veins and smaller vessels are either cauterized or ligated. Midline dissection is essential for hemostasis and avoidance of paratracheal structures. The strap muscles are then separated and retracted laterally, exposing the pretracheal fascia and the thyroid isthmus. The thyroid isthmus division is performed sharply with suture ligature or with electrocautery. The isthmus is elevated off the trachea with a hemostat. There is communication with the patient to determine the need for further local anesthesia. A cricoid hook is placed to gain control of the airway. Next, attention is turned to drying the field and cleaning the remaining fascia off of the anterior face of the trachea. The tracheostomy tube is tested to ensure there is no leak in the balloon. The presence and ease of access of all instruments needed to secure the airway is reconfirmed. Anesthesia is notified that the surgical team will be entering the airway. After the trachea is entered, secretions and blood are suctioned out of the airway lumen. The lateral retractors are placed in the trachea and the tracheotomy is dilated. The previously tested tracheostomy tube is inserted. The obturator is removed, the inner cannula is placed and the balloon is inflated. After an intact airway is confirmed with carbon dioxide return and bilateral breath sounds, general anesthesia is induced. The tracheostomy tube is secured to the skin with non-absorbable sutures. Attach a tracheostomy collar with the head flexed to

avoid unnecessary slack in the collar. The skin is not closed to avoid the risk of subcutaneous emphysema and subsequent pneumomediastinum. A sponge is placed between the skin and the flange.

Description of Post-Service Work: Apply sterile dressings. Assist in transfer of patient from operating table to gurney. Supervise transfer of patient to the ICU. Discuss postoperative recovery care with ICU staff. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate operative report and copy referring physician(s). Review post-operative x-ray for pneumothorax.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Peter Manes, MD; Charles Mabry, MD, FACS				
<b>Specialty(s):</b>	AAO-HNS, ACS				
<b>CPT Code:</b>	31603				
<b>Sample Size:</b>	1802	<b>Resp N:</b>	61	<b>Response:</b>	3.3 %
<b>Description of Sample:</b>	random selection from each society's membership database				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	1.00	2.00	3.00	125.00
<b>Survey RVW:</b>	3.00	6.00	8.00	9.00	16.00
<b>Pre-Service Evaluation Time:</b>			30.00		
<b>Pre-Service Positioning Time:</b>			5.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	5.00	15.00	30.00	30.00	75.00
<b>Immediate Post Service-Time:</b>	<u>30.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	31603	<b>Recommended Physician Work RVU: 6.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	30.00	40.00	-10.00	
<b>Pre-Service Positioning Time:</b>	5.00	3.00	2.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	10.00	20.00	-10.00	
<b>Intra-Service Time:</b>	30.00			
<b>Please, pick the <u>post-service</u> 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)</b> 7B Local/Complex Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	30.00	21.00	9.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43274	000	8.58	RUC Time

CPT Descriptor 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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52353	000	7.50	RUC Time	16,704

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 23      % of respondents: 37.7 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 13.1 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>31603</u></b>	<b>Top Key Reference CPT Code: <u>43274</u></b>	<b>2nd Key Reference CPT Code: <u>32608</u></b>
Median Pre-Service Time	45.00	48.00	65.00
Median Intra-Service Time	30.00	68.00	60.00
Median Immediate Post-service Time	30.00	23.00	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
<b>Median Total Time</b>	<b>105.00</b>	<b>139.00</b>	<b>155.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.26	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.04	-0.63
Urgency of medical decision making	1.78	1.63
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	1.22	0.88

Physical effort required	1.13	0.63
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	1.65	1.25
Outcome depends on the skill and judgment of physician	1.26	1.63
Estimated risk of malpractice suit with poor outcome	1.57	1.38
<b><u>INTENSITY/COMPLEXITY MEASURES</u></b>		
	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Time Segment (Mean)</u></b>		
Overall intensity/complexity	1.09	1.25

### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

### Background

In the Final Rule for 2016, code 36100 was identified by CMS through a screen of high expenditure services across specialties with Medicare allowed charges of \$10 million or more. Code 36103 was added as family code.

### Compelling Evidence

#### Flawed methodology in previous valuation:

Code 31603 is a low volume procedure. Harvard obtained estimates from both otolaryngologists and thoracic surgeons as a 90-day global code. Thoracic surgeons are not a primary provider of this service and general surgeons were not included in the review. Prior to implementation of the 1992 PFS, the global period was changed to 0-day and the work RVU reduced without any discussion in the Federal Register text. **Therefore, we believe the original Harvard value was derived using a flawed methodology.**

During the first five-year-review in 1995, AAO-HNS commented that the intra-operative work of 31603 was under valued. The RUC workgroup reviewing the otolaryngology codes developed criteria for considering a change in a value, specifically, the society was required to have convincing evidence of a change in patient or convincing evidence that Harvard times were incorrect. Absent that evidence, the workgroup maintained the current work RVU. In 1995, the society did not have the history of the Harvard study process and global period changes to provide as evidence. Therefore, the workgroup concluded that the patient population and procedure had not changed since the Harvard review. They recommended to maintain the Harvard work RVU and rejected the society recommendation of 8.35. Several years after the 1995 review, when the RUC database was created, the Harvard work RVU and the 1994 survey data were included as RUC time. Several years after that, the code was tagged as "do not use to validate for physician work" because the survey physician time did not correspond to the Harvard work RVU. **We believe the process of review during the Harvard study and the first 5YR was flawed and that consideration should have been given to the value of the intra-operative work relative to other highly intense/complex procedures.**

### Survey Sample



A survey request was sent to a random selection of 1,802 surgeons from the AAO-HNS and ACS membership database.

## Recommendation - 31603

**We recommend the survey median work RVU of 8.00 for code 31603.**

### Pre-time Package 4

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). **Recommended times for the preservice categories are 30/5/10.** Although the code descriptor states "emergency," the typical patient will have "impending" airway obstruction and not an obstructed airway. These patients will typically be taken to the OR to perform the procedure under local, with anesthesia staff available to assist, if needed. An additional 2 minutes has been added for positioning (*Patient is positioned with the neck extended and the shoulders elevated on a small roll.*). The scrub, dress, wait time has been reduced by 10 minutes to be consistent with the survey median.

### Post-time Package 7b

We recommend post-time package 7b (*Local Anesthesia/ Complex Procedure*), with the addition of 7 minutes. Time for post-operative work to monitor/stabilize the patient and for post-operative orders for this patient who will be transferred to ICU is consistent with the times for a complex patient/procedure that will undergo general anesthesia.

### Key Reference Services (KRS)

The intra-operative work of code 31603 is more intense/complex than both 43274 and 32608. Performing a tracheostomy carries the risk of serious complications including bleeding, damage to the trachea, subcutaneous emphysema, pneumothorax, and hematoma, any of which can compromise continued breathing and survival. Furthermore, in this case, the airway is not secured during the performance of the procedure, increasing the intensity and complexity.

### MPC Comparison

The intra-operative work of code 31603 is more intense/complex than MPC code 52353, which includes diagnostic endoscopy prior to a therapeutic procedure and which is an outpatient procedure on an otherwise healthy patient.

### Other Comparison Codes

The intra-operative work for code 31603 is intense and complex and carries the risk of serious complications that could compromise a patient's survival. Almost all of the pre-service work necessary for 31600 is necessary for 31603, but has to be performed in a much shorter time frame because of the nature of the procedure. This increases the intensity of the service. Code 31603 is not easily compared with other 000 global codes, many of which are performed as outpatient and/or office procedures on ambulatory patients. As support of our recommendation, we provide a list of codes below that have been recently reviewed by the RUC and approved by CMS that have intra-operative intensities comparable to the IWP/UT of 0.215 for 31603 with a work RVU of 8.00.

RUC	CPT	DESCRIPTOR	IWP/UT	INTRA TIME
2010	<b>67220</b>	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	0.183	15
2010	<b>67210</b>	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	0.199	15
2012	<b>66982</b>	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	0.207	33
2012	<b>66984</b>	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	0.210	21
2012	<b>65800</b>	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	0.217	5
2009	<b>67028</b>	Intravitreal injection of a pharmacologic agent (separate procedure)	0.226	5

RUC	CPT	DESCRIPTOR	IWPUT	INTRA TIME
2007	31500	Intubation, endotracheal, emergency procedure	0.406	5

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)
- 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) 31603

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty otolaryngology                      How often? Rarely

Specialty general surgery                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?  
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,238  
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 otolaryngology	Frequency 600	Percentage 48.46 %
Specialty general surgery	Frequency 350	Percentage 28.27 %
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 31603

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: 31605      Tracking Number

Original Specialty Recommended RVU: **6.45**  
Presented Recommended RVU: **6.45**  
RUC Recommended RVU: **6.45**

Global Period: 000

CPT Descriptor: Tracheostomy, emergency procedure; cricothyroid membrane

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45 year old female develops angioedema with swelling of the larynx and airway obstruction. Intubation is unsuccessful. An emergency tracheostomy through the cricothyroid membrane is performed

Percentage of Survey Respondents who found Vignette to be Typical: 95%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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: The physician is typically present during the intubation attempts, which ultimately, fail. The physician obtains a focused history from family and/or other physicians. Supplies needed for the tracheostomy, including scalpel, endotracheal tube, clamps, and a headlight are obtained. The physician confers with other physicians regarding airway management. Landmarks (eg, thyroid notch, sternal notch, cricoid cartilage) are identified and marked. Areas surrounding the incision site are prepped and draped while the physician scrubs and gowns. Patient is positioned with the neck extended and the shoulders elevated on a small roll. Local anesthesia is infiltrated.

Description of Intra-Service Work: An incision is made between the cricoid and thyroid cartilages. A clamp is used to spread through the subcutaneous tissues and through the cricothyroid membrane. Once access through the cricothyroid membrane is achieved, an endotracheal tube is passed through the cricothyroid membrane. An intact airway is confirmed by the return of carbon dioxide and bilateral breath sounds. Control of bleeding is obtained after the airway is secured. The endotracheal tube is secured to the patient utilizing tape and non-absorbable sutures.

Description of Post-Service Work: Once the airway is secure and the endotracheal tube secured, the physician remains with the patient for monitoring, awaiting availability of an operating room. The physician supervises transfer of patient to the OR for conversion to a tracheostomy. Discuss procedure and outcome with family. Write brief operative note and dictate full operative report.

**SURVEY DATA**

RUC Meeting Date (mm/yyyy)		04/2016				
Presenter(s):	Peter Manes, MD; Charles Mabry, MD, FACS					
Specialty(s):	AAO-HNS, ACS					
CPT Code:	31605					
Sample Size:	1802	Resp N:	56	Response: 3.1 %		
Description of Sample:	random selection from each society's membership database. *Resp N: total 56, survey data below based on those (n=20) with experience.					
		<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75th pctl</u>	<u>High</u>
Service Performance Rate		1.00	1.00	1.00	2.00	20.00
Survey RVW:		3.65	6.45	7.50	9.00	17.00
Pre-Service Evaluation Time:				30.00		
Pre-Service Positioning Time:				7.50		
Pre-Service Scrub, Dress, Wait Time:				7.50		
Intra-Service Time:		5.00	10.00	20.00	30.00	45.00
Immediate Post Service-Time:		30.00				
Post Operative Visits		Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):		0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):		0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:		0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):		0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:		0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:		0.00	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

<b>CPT Code:</b>	31605	<b>Recommended Physician Work RVU: 6.45</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		15.00	40.00	-25.00
<b>Pre-Service Positioning Time:</b>		3.00	3.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		5.00	20.00	-15.00
<b>Intra-Service Time:</b>		20.00		
Please, pick the <u>post-service</u> 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)				
7B Local/Complex Procedure				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		21.00	21.00	0.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43274	000	8.58	RUC Time

CPT Descriptor 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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
	000	0.00		

CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
	000	0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31500	000	2.33	RUC Time

CPT Descriptor 273,609**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: 30.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 2      % of respondents: 10.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>31605</u>	Top Key Reference CPT Code: <u>43274</u>	2nd Key Reference CPT Code: <u>32608</u>
Median Pre-Service Time	23.00	48.00	65.00
Median Intra-Service Time	20.00	68.00	60.00
Median Immediate Post-service Time	21.00	23.00	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
<b>Median Total Time</b>	<b>64.00</b>	<b>139.00</b>	<b>155.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.50	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.17	1.00
Urgency of medical decision making	1.83	2.00

**Technical Skill/Physical Effort (Mean)**

Technical skill required	1.33	1.50
Physical effort required	1.17	1.50

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	2.00	2.00
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Outcome depends on the skill and judgment of physician	1.67	2.00
--	------	------

Estimated risk of malpractice suit with poor outcome	1.83	2.00
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.67	1.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In the Final Rule for 2016, code 36100 was identified by CMS through a screen of high expenditure services across specialties with Medicare allowed charges of \$10 million or more. Code 36105 was added as family code.

**Compelling Evidence****Flawed methodology in previous valuation:**

Code 31605 is a very low volume procedure. Harvard obtained estimates from 10 otolaryngologists only for intraoperative time. General surgeons and other providers of the service were not included in the review.

Harvard work estimates and the proposed rule for the 1992 PFS indicated code 31605 was a 0-day global code with a proposed work RVU of 5.57 (FR 06/05/91). Prior to implementation of the Final Rule for the first fee schedule, it appears that code 31605 was treated as if it were reviewed as a 90-day global code and then reduced to 3.77 as a 0-day global code (FR 11/25/91) without any discussion in the Federal Register text. **Therefore, we believe the original Harvard value was manipulated using flawed assumptions and a flawed methodology.**

**Survey Sample**

A survey request was sent to a random selection of 1,802 surgeons from the AAO-HNS and ACS membership database. Responses were obtained from 56 surgeons, however the median experience was zero. This is not unexpected as this procedure is rarely performed. The summary Excel file presents the survey data for all 56 respondents and separately for those respondents with and without experience in the past 12 months.

**Recommendation - 31605**

**The survey data was significantly different between respondents who had experience and respondents without experience. Our recommendation is based on the summary data from experienced providers.**

**We recommend the survey 25<sup>th</sup> percentile work RVU of 6.45 based on data from providers with experience in the past 12 months.**

**Pre-time Package 4**

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*) with reductions as described below. We recommend a total of 23 minutes (15 min for eval, 3 minutes of positioning, and 5 min for sdw). Typically, depending on the facility and site within the facility, intubation is first attempted by either anesthesiology or the emergency medicine physician. The surgeon is in attendance during this time performing a rushed pre-procedure update



We recommend the standard 21 minutes for post-time package 7b (*Local Anesthesia/ Complex Procedure*). This time includes post-operative work to monitor the patient prior to transport to the operating room. The physician documents and writes orders, discusses the procedure and outcome with the family and other clinicians. We believe the reduction in time from the 30 minutes recommended by survey respondents accounts for the fact that this service is typically billed with a critical care visit.

The intra-operative work of code 31605 is significantly more intense/complex than both 43274 and 32608 and similar in intensity to 31500 (emergency intubation, IWPUT=0.4061).

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

☐ 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.

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31605

Specialty	How often?
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Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency 0	Percentage 0.00 %
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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? 319  
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 otolaryngology	Frequency 100	Percentage 31.34 %
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Specialty general surgery	Frequency 100	Percentage 31.34 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? No

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

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### **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 31605

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: 31610	Tracking Number	Original Specialty Recommended RVU: <b>11.00</b>
		Presented Recommended RVU: <b>9.38</b>
Global Period: 090		RUC Recommended RVU: <b>9.38</b>
CPT Descriptor: Tracheostomy, fenestration procedure with skin flaps		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 60-year-old male with progressive ALS is intubated and unable to be extubated. A long term tracheostomy is needed. A tracheostomy fenestration procedure with skin flaps is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 1% , Overnight stay-more than 24 hours 99%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 30%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 15%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review labs and imaging. Select and order the appropriate antibiotic(s) and confirm timing and administration. Re-examine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and postoperative management. Mark site of proposed skin incision. Review and obtain informed consent with patient and/or family. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Patient is positioned with the neck extended and the shoulders elevated on a small roll. Assist with adjusting the OR table and anesthesia lines so operative site is accessible.. Perform surgical time out with operating surgical team and anesthesia team. Verify areas surrounding skin incisions to be prepared and draped and sterilely prep area. Scrub and gown. Re-assess position of the extremities and head. Drape out surgical area. Inject local anesthesia into planned incision site and subcutaneous tissue.

Description of Intra-Service Work: Under general anesthesia, a transverse incision is performed. Subcutaneous fat may be removed with electrocautery. Dissection proceeds until the midline raphe between the strap muscles is identified. The inferior limit of the field is palpated to assess the proximity of the innominate artery. The aberrant anterior jugular veins and smaller vessels are either cauterized or ligated. Midline dissection is essential for hemostasis and avoidance of paratracheal structures. The strap muscles are then separated and retracted laterally, exposing the pretracheal fascia and the thyroid isthmus. The thyroid isthmus division is performed sharply or with electrocautery and suture ligation. The isthmus is elevated off the trachea with a hemostat. Anesthesia is notified that the surgical team is about to enter the airway with a cricoid hook and the endotracheal tube balloon is deflated. A cricoid hook is placed to gain control of the airway and the endotracheal tube balloon is reinflated. Next, attention is turned to drying the field and cleaning the remaining fascia off of the anterior face of the trachea. The tracheostomy tube and endotracheal tube are tested to ensure there is no leak in the balloon. The presence and ease of access of all instruments needed to secure the airway is reconfirmed. Anesthesia is

notified that the surgical team will be entering the airway and the endotracheal tube balloon is deflated. After the trachea is entered, secretions and blood are suctioned out of the airway lumen. The lateral retractors are placed in the trachea and the tracheotomy is dilated. Anesthesia withdraws the endotracheal tube slowly to a point just proximal to the opening. The previously tested endotracheal tube is inserted. The balloon is inflated. An intact airway is confirmed with carbon dioxide return and bilateral breath sounds. Skin flaps are developed and an anterior portion of the trachea is resected. The skin flaps are then sutured to the anterior tracheal opening, creating a permanent stoma. Once the stoma is secured, anesthesia is notified the surgeon will be removing the endotracheal tube. The balloon is deflated and the endotracheal tube is removed. The previously tested tracheostomy tube is inserted. The obturator is removed, the inner cannula is placed and the balloon is inflated. After an intact airway is confirmed with carbon dioxide return and bilateral breath sounds, the tracheostomy tube is secured to the skin with non-absorbable sutures. Attach a tracheostomy collar with the head flexed to avoid unnecessary slack in the collar. The skin is not closed to avoid the risk of subcutaneous emphysema and subsequent pneumomediastinum. A sponge is placed between the skin and the flange.

#### Description of Post-Service Work:

Through discharge from recovery: Assist in transfer of patient from operating table to gurney. Supervise transfer of patient, who is respirator dependent, back to the ICU. Discuss postoperative recovery care with ICU staff. Write postoperative orders for medications, imaging, and labs. Discuss procedure and outcome with family. Write brief operative note. Dictate operative report and copy referring physician(s). Review post-operative x-ray for pneumothorax.

Inpatient visits: Review interval chart notes. Evaluate flaps for viability and wound for infection. Assess need for continued inflation of tracheostomy cuff. Clean around tracheostomy. Remove and replace tracheostomy at or around post-operative day 5. Assess vocalization and swallowing. Chart patient progress notes. Answer patient and family questions. Answer nursing and/or other staff questions.

Discharge management: Review interval chart notes. Talk with patient and family. Evaluate flaps for viability and wound for infection. Redress wound. Assess pain score and order medications, as required. Discuss home restrictions (ie, diet, activity, bathing) and care of drain with patient and family members. Medications are reconciled and orders for home care, discharge medications and supplies are written. Complete all appropriate medical records, including day of discharge progress notes and discharge instructions.

Office visits: Examine patient. Inspect the larynx. Remove tracheostomy and examine stoma and skin flaps. Replace tracheostomy. Cauterize any granulation tissue at stoma. Answer patient/family questions. Assess for adequacy of pain control. Assess adequacy of oral intake, discuss advancing diet and daily activities. Assess ability to produce speech. Assess appropriateness of speaking valve candidacy, when appropriate. Discuss proper maintenance of tracheostomy including stoma care. Dictate progress notes for visit.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Peter Manes, MD; Charles Mabry, MD, FACS				
<b>Specialty(s):</b>	AAO-HNS, ACS				
<b>CPT Code:</b>	31610				
<b>Sample Size:</b>	1642	<b>Resp N:</b>	94	<b>Response:</b>	5.7 %
<b>Description of Sample:</b>	random selection from each society's membership database				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	5.00	12.00	75.00
<b>Survey RVW:</b>	6.50	10.00	11.00	12.00	20.00
<b>Pre-Service Evaluation Time:</b>			55.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	10.00	30.00	45.00	60.00	120.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>135.00</u>	99231x 2.00	99232x 1.00	99233x 1.00	
<b>Discharge Day Mgmt:</b>	<u>38.00</u>	99238x 1.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>69.00</u>	99211x 0.00	12x 0.00	13x 3.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	31610	<b>Recommended Physician Work RVU: 9.38</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	40.00	40.00	0.00	
<b>Pre-Service Positioning Time:</b>	10.00	3.00	7.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	10.00	20.00	-10.00	
<b>Intra-Service Time:</b>	45.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	33.00	-13.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>135.00</u>	99231x 2.00	99232x 1.00	99233x 1.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>69.00</u>	99211x 0.00	12x 0.00	13x 3.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
41120	090	11.14	RUC Time

CPT Descriptor Glossectomy; less than one-half tongue**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
38542	090	7.95	RUC Time

CPT Descriptor Dissection, deep jugular node(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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
		0.00		

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17      % of respondents: 18.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 17      % of respondents: 18.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>31610</u>	Top Key Reference CPT Code: <u>41120</u>	2nd Key Reference CPT Code: <u>38542</u>
Median Pre-Service Time	60.00	60.00	58.00
Median Intra-Service Time	45.00	60.00	60.00
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	135.0	0.00	0.00
Median Discharge Day Management Time	38.0	19.00	19.00
Median Office Visit Time	69.0	109.00	46.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>367.00</b>	<b>278.00</b>	<b>198.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.27	0.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.33	0.57
Urgency of medical decision making	1.80	2.00

**Technical Skill/Physical Effort (Mean)**

Technical skill required	1.13	0.86
Physical effort required	0.87	1.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.53	1.71
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Outcome depends on the skill and judgment of physician	1.47	1.14
Estimated risk of malpractice suit with poor outcome	1.40	1.86
<b><u>INTENSITY/COMPLEXITY MEASURES</u></b>		
<b><u>Time Segment (Mean)</u></b>	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
Overall intensity/complexity	1.27	0.86

### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

### Background

In the Final Rule for 2016, code 36100 was identified by CMS through a screen of high expenditure services across specialties with Medicare allowed charges of \$10 million or more. Code 36110 was added as family code.

### Compelling Evidence

#### Flawed methodology in previous valuation:

During Phase III of the Harvard study, intra-operative work estimates were provided by multiple small panels of general otolaryngologists in order to obtain enough responses and pre-and post-operative work were computed by algorithm. The intraoperative time from this initial review was 52 minutes. In the final Harvard report, the intra-operative time was shown as 61 minutes. During the first five-year-review in 1995, AAO-HNS commented that the intra-operative work of 31610 was undervalued. The society did not receive enough responses to present to the RUC and the code was withdrawn from review. We believe that the algorithm that was used to assign post-operative hospital and office visits underestimated the level of work required. The typical patient will be discharged to ICU after the operation and the surgeon will closely monitor and evaluate flaps for viability and wound for infection; assess the need for continued inflation of the tracheostomy cuff; remove and replace the tracheostomy after several days; and assess vocalization and swallowing. This is in addition to charting patient progress, answering patient and family questions, and answering nursing and/or other staff questions. At each office visit, the surgeon will examine the patient, inspect the larynx, remove the tracheostomy and examine stoma and skin flaps, replace the tracheostomy, answer patient/family questions, assess for adequacy of pain control, assess adequacy of oral intake, discuss advancing diet and daily activities, assess ability to produce speech, discuss proper maintenance of tracheostomy including stoma care, cauterize any granulation tissue at stoma, and chart progress notes. **This work is not consistent with the low level of hospital and office visits that were assigned by algorithm and therefore we believe the previous methodology for valuation was flawed.**

### Survey Sample

A survey request was sent to a random selection of 1,642 surgeons from the AAO-HNS and ACS membership database.

### Recommendation - 31610

**We recommend the survey median work RVU of 11.00 for code 31610.** This increased value accounts for a higher level of postoperative work compared with the work derived by algorithm during the Harvard review, but still results in almost zero value for the operation itself.



**Pre-time Package 4**

We recommend pre-time package 4 (*Difficult Patient/Difficult Procedure*). **Recommended times for the preservice categories are 40/10/10.** An additional 7 minutes has been added for positioning (*Patient is positioned with the neck extended and the shoulders elevated on a small roll. Assist with adjusting the OR table and anesthesia lines so operative site is accessible. Re-assess position of the extremities and head, adjust as needed. Inject local anesthesia into planned incision site and subcutaneous tissue.*). The scrub, dress, wait time has been reduced by 10 minutes to be consistent with the survey median.

**Post-time Package 9b**

We recommend post-time package 9b (*General Anesthesia or Complex Regional Block/Complex Procedure*), with a reduction of 10 minutes to be consistent with the survey median.

**Key Reference Services (KRS)**

The intra-operative work of code 31610 is more intense/complex than both 41120 and 38542, both of which are outpatient procedures. The post-operative work of 31610 is significantly greater than both KRS.

**MPC Comparison and Other Comparison Codes**

Code 31610 is a 90-day global code that has a relatively short intra-operative time (45 minutes) and considerable post-operative hospital and office work. There are no MPC codes or other recently reviewed codes with this amount of work that are comparable; all have a much higher work RVU than the recommendation for 31610.

**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) 31610

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty otolaryngology

How often? Sometimes

Specialty general surgery

How often? Rarely

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,802

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 otolaryngology	Frequency 1500	Percentage 83.24 %
--------------------------	----------------	--------------------

Specialty general surgery	Frequency 150	Percentage 8.32 %
---------------------------	---------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31610

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Tracheostomy

TAB: 21

					RVW					Total Time	pre PKG	PRE			INTRA					POST-FACILITY					POST-OFFICE					
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX			EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	33	32	31	38	39	15	14	13	12
REF1	32608	Thoracoscopy; with diagnostic biops	14	0.083			6.84			155		30	15	20		60		30												
REF2	43210	Esophagogastroduodenoscopy, flexi	10	0.100			7.75			148		33	10	15		60		30												
RUC-00	31600	Tracheostomy, planned (separate pr		0.114			7.17			156		50				40		66												
SVY	31600	Tracheostomy, planned	66	0.165	1.50	5.56	6.93	8.00	13.00	125		45	10	10	10	30	30	45	60	30										
REC				0.123			5.56			120	4	40	10	10		30		30	9b											

REF1	43274	Endoscopic retrograde cholangiopar	11	0.104			8.58			139		33	10	5			68			23											
REF2	43210	Esophagogastroduodenoscopy, flexi	5	0.100			7.75			148		33	10	15			60			30											
RUC-95 DNU	31601	Tracheostomy, planned (separate pr		0.054			4.44			135		60					45			30											
SVY	31601	Tracheostomy, planned ; < 2 y.o.	33	0.116	2.50	6.50	8.00	9.00	15.00	175		75	15	10	20	30	45	50	80	30											
REC				0.136			8.00			135	4	40	10	10			45			30	9b										

REF1	43274	Endoscopic retrograde cholangiopar	23	0.104			8.58			139		33	10	5			68			23											
REF1	32608	Thoracoscopy; with diagnostic biops	8	0.083			6.84			155		30	15	20			60			30											
RUC-95 DNU	31603	Tracheostomy, emergency procedur		0.091			4.14			93		20					30			43											
SVY	31603	Trach, emergency; transtracheal	61	0.215	3.00	6.00	8.00	9.00	16.00	105		30	5	10	5	15	30	30	75	30											
REC				0.149			6.00			105	4	30	5	10			30			30	7b										

REF1	43274	Endoscopic retrograde cholangiopar	15	0.104			8.58			139		33	10	5			68			23											
REF2	32608	Thoracoscopy; with diagnostic biops	7	0.083			6.84			155		30	15	20			60			30											
HVD	31605	Tracheostomy, emergency procedur		0.265			3.57			67		13		25			10			19											
SVY	31605	Trach, emergency; cricothyroid men	55	0.382	2.90	4.77	7.00	9.00	17.00	75		20	5	5	5	10	15	30	60	30											
REC - DNU				0.277			6.45			64	4	15	3	5			20			21	7b										
		with experience	20	0.296	###	6.45	7.50	9.00	####	95		30	8	8	5	10	20	30	45	30											
		w/o experience	35	0.356	###	4.45	6.50	8.50	####	70		15	5	5	5	10	15	20	60	30											

REF1	41120	Glossectomy; less than one-half ton	17	0.071			11.14			278		30	15	15			60			30					0.5		1	3		
REF2	38542	Dissection, deep jugular node(s)	17	0.066			7.95			198		33	10	15			60			15					0.5		2			
HVD	31610	Tracheostomy, fenestration procedu		0.040			9.38			295		22		25			61			21				4	1			3		
SVY	31610	Trach, fenestration w-skin flaps	94	-0.002	6.50	10.00	11.00	12.00	20.00	382		55	10	10	10	30	45	60	120	20			1	1	2	1		3		
REC - DNU				-0.030			9.38			367	4	40	10	10			45			20	9b	1	1	2	1		3			

**Tab Number: 21**


**Issue: Tracheostomy**

**Code(s): 31600, 31603, 31605, 31610**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	Charles Mabry, MD, FACS
<b>Specialty Society:</b>	American College of Surgeons
<b>Date:</b>	April 4, 2016

**Tab Number: 21**


**Issue: Tracheostomy**

**Code(s): 31600, 31601, 31603, 31605, 31610**

**Attestation Statement**

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<b>Signature:</b>	
<b>Print Name:</b>	Peter Manes, MD
<b>Specialty Society:</b>	American Academy of Otolaryngology – Head and Neck Surgery
<b>Date:</b>	April 4, 2016

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Facility Direct Inputs**

<b>31600</b>	Tracheostomy, planned (separate procedure);
<b>31601</b>	Tracheostomy, planned (separate procedure); younger than 2 years
<b>31603</b>	Tracheostomy, emergency procedure; transtracheal

Global Period: 000      Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The AAO-HNS and ACS RUC Advisors reviewed the current PE details for 31600, 31601, and 31603.

**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:**

31600 is a planned major operation performed in an OR under general anesthesia. We recommend the 0-day standard package for extensive use of clinical staff minus the times for providing pre-service education and follow-up phone calls to the patient since the typical patient is already in the hospital. This is the same time (20 minutes) that was previously approved by the PEAC.

31601 is a planned major operation performed in an OR under general anesthesia. We recommend the 0-day standard package for extensive use of clinical staff without any adjustments. Although the infant is in the hospital, there will typically be several phone calls from the parents regarding the procedure, after care, necessary home supplies, etc. This is the same time (30 minutes) that was previously approved by the PEAC.

**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:

31600. For this planned procedure, clinical staff coordinate pre-service diagnostic and referral forms, coordinate pre-surgery services between the surgeon and anesthesia, and schedule space and equipment for the procedure.

31601. For this planned procedure, clinical staff coordinate pre-service diagnostic and referral forms, coordinate pre-surgery services between the surgeon and anesthesia, and schedule space and equipment for the procedure. In addition, clinical staff will field several phone calls from the parents regarding the procedure, after care, needed home supplies, etc.

31603. N/A

Intra-Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: N/A

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non-Facility Direct Inputs**

**\*\*\*Non-facility direct inputs do not apply to these codes.\*\*\***

<b>31600</b>	Tracheostomy, planned (separate procedure);
<b>31601</b>	Tracheostomy, planned (separate procedure); younger than 2 years
<b>31603</b>	Tracheostomy, emergency procedure; transtracheal

Global Period: 000 Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The AAO-HNS and ACS RUC Advisors reviewed the current PE details for 31600, 31601, and 31603.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** N/A

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** N/A

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** N/A

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities: N/A

Intra-Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: N/A

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

<b>31610</b>	Tracheostomy, fenestration procedure with skin flaps
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Global Period: 090 Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The AAO-HNS and ACS RUC Advisors reviewed the current PE details for 31610.

**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:**

Post-operative office visit time has been adjusted to match the current survey.

Time to clean a basic surgical instrument pack at each office visit has been added to the post-service period.

**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

Post-operative office visit time has been adjusted to match the current survey.

Time to clean a basic surgical instrument pack that is utilized at each office visit has been added to the post-service period.

Supplies

Tracheostomy replacement and stoma care is provided at every post op office visit. The quantities for supplies have been adjusted to match the number of post operative visits (3) where the item is used. Three new items necessary for tracheostomy replacement and stoma care have been added; (1) hydrogen peroxide for cleaning tracheostomy tube and associated materials; (2) suction canister; and cleaning pack for instruments.

Equipment time

Times for the fiberoptic headlight, exam chair, and suction cabinet have been adjusted to correspond to the new post op visit time. These three items are in the procedure / exam room from the time the patient enters the office until the patient leaves. These items are not used by any other patient during this time.

A basic instrument pack required at each office visit has been added. Per CMS instructions regarding simultaneous cleaning room and cleaning instruments, the calculated time for each office visit is equal to POV time minus 3 minutes for cleaning room plus 10 minutes for cleaning instruments). This was multiplied by 3 visits to equal 129 minutes.



**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

Clinical staff will coordinate diagnostic and referral forms, pre-surgery services, and scheduling space and equipment in the facility. In addition, clinical staff will communicate with the patient's family/caregiver regarding the procedure, after care including home health care, necessary supplies, etc.

Intra-Service Clinical Labor Activities:

Staff will assist with coordination of care post-discharge, communicating with the patient's family/caregiver regarding questions about home care, supplies and follow-up.

Post-Service Clinical Labor Activities:

At each office visit, clinical staff will greet and gown the patient, assure all records are available, set up room with necessary supplies and instruments, set up the suctioning equipment and confirm it is functioning, assist the physician 100% of the time with changing of the tracheostomy tube and cleaning of the stoma, cleaning the room, instruments, and suction machine, and reviewing home care of the tracheostomy with the patient and family/caregiver.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non-Facility Direct Inputs**

**\*\*\*Non-facility direct inputs do not apply to this code.\*\*\***

<b>31610</b>	Tracheostomy, fenestration procedure with skin flaps
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Global Period: 090 Meeting Date: April 2016

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The AAO-HNS and ACS RUC Advisors reviewed the current PE details for 31610.

**2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** N/A

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** N/A

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** N/A

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities: N/A

Intra-Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: N/A

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
1				<b>REF CODE</b>		<b>Recommend</b>		<b>REF CODE</b>		<b>Recommend</b>		<b>REF CODE</b>		<b>Recommend</b>		
2				<b>31600</b>		<b>31600</b>		<b>31601</b>		<b>31601</b>		<b>31603</b>		<b>31603</b>		
3	Meeting Date: April 2016 Tab: 21 Specialty: AAO-HNS, ACS	CMS Code	Staff Type	Tracheostomy, planned (separate procedure)		Tracheostomy, planned (separate procedure)		Tracheostomy, planned (separate procedure); younger than 2 years		Tracheostomy, planned (separate procedure); younger than 2 years		Tracheostomy, emergency procedure; transtracheal		Tracheostomy, emergency procedure; transtracheal		
4	LOCATION			NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	
6	TOTAL CLINICAL LABOR TIME	LO37D	RN/LPN/MTA	0	20	0	20	0	30	0	30	0	0	0	0	
7	TOTAL PRE-SERV CLINICAL LABOR TIME	LO37D	RN/LPN/MTA	0	20	0	20	0	30	0	30	0	0	0	0	
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	LO37D	RN/LPN/MTA	0	0	0	0	0	0	0	0	0	0	0	0	
9	TOTAL POST-SERV CLINICAL LABOR TIME	LO37D	RN/LPN/MTA	0	0	0	0	0	0	0	0	0	0	0	0	
10	PRE-SERVICE															
11	Start: Following visit when decision for surgery or procedure made															
12	Complete pre-service diagnostic & referral forms	LO37D	RN/LPN/MTA		5		5		5		5		0		0	
13	Coordinate pre-surgery services	LO37D	RN/LPN/MTA		10		10		10		10		0		0	
14	Schedule space and equipment in facility	LO37D	RN/LPN/MTA		5		5		5		5		0		0	
15	Provide pre-service education/obtain consent	LO37D	RN/LPN/MTA						7		7		0		0	
16	Follow-up phone calls & prescriptions	LO37D	RN/LPN/MTA						3		3		0		0	
18	End: When patient enters office/facility for surgery/procedure															
19	SERVICE PERIOD															
47	POST-SERVICE Period															
58	MEDICAL SUPPLIES*	CODE	UNIT													
63	EQUIPMENT	Code														

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>		Recommend	
2				<b>31610</b>		<b>31610</b>	
3	Meeting Date: April 2016 Tab: 21 Specialty: AAO-HNS, ACS	CMS Code	Staff Type	Tracheostomy, fenestration procedure with skin flap		Tracheostomy, fenestration procedure with skin flap	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			090	090	090	090
6	TOTAL CLINICAL LABOR TIME	LO37D	RN/LPN/MTA	0	181	0	210
7	TOTAL PRE-SERV CLINICAL LABOR TIME	LO37D	RN/LPN/MTA	0	65	0	60
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	LO37D	RN/LPN/MTA	0	12	0	12
9	TOTAL POST-SERV CLINICAL LABOR TIME	LO37D	RN/LPN/MTA	0	104	0	138
10	<b>PRE-SERVICE</b>						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms	LO37D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	LO37D	RN/LPN/MTA		20		20
14	Schedule space and equipment in facility	LO37D	RN/LPN/MTA		8		8
15	Provide pre-service education/obtain consent	LO37D	RN/LPN/MTA		20		20
16	Follow-up phone calls & prescriptions	LO37D	RN/LPN/MTA		7		7
17	Other Clinical Activity - specify: Stoma Education	LO37D	RN/LPN/MTA		5		0
18	End: When patient enters office/facility for surgery/procedure						
19	<b>SERVICE PERIOD</b>						
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a	12	n/a	12
46	End: Patient leaves office						
47	<b>POST-SERVICE Period</b>						
48	Start: Patient leaves office/facility						
50	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
51	99211 16 minutes		16				
52	99212 27 minutes		27		3		
53	99213 36 minutes		36				3
54	99214 53 minutes		53				
55	99215 63 minutes		63				
56	Total Office Visit Time			0	81	0	108
57	Clean Surgical Instrument Package	LO37D	RN/LPN/MTA		NEW		30
58	Clean Scope	LO37D	RN/LPN/MTA		23		0
59	End: with last office visit before end of global period						

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>		Recommend	
2				<b>31610</b>		<b>31610</b>	
3	Meeting Date: April 2016 Tab: 21 Specialty: AAO-HNS, ACS	CMS Code	Staff Type	Tracheostomy, fenestration procedure with skin flap		Tracheostomy, fenestration procedure with skin flap	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			090	090	090	090
60	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
61	pack, minimum multi-specialty visit	SA048	pack		3		3
62	gown, staff, impervious	SB027	item		2		3
63	mask, surgical, with face shield	SB034	item		2		3
64	underpad 2ftx3ft (Chux)	SB044	item		2		3
65	drape-towel, sterile 18inx26in	SB019	item		2		3
66	hydrogen peroxide	SJ028	ml		NEW		30
67	basin, emesis	SJ010	item		2		3
68	gauze, sterile 4in x 4in	SG055	item		4		12
69	syringe 5-6ml	SC057	item		1		3
70	sodium chloride 0.9% inj (10ml uou)	SH066	item		4		3
71	catheter, suction	SD031	item		2		3
72	tubing, suction, non-latex (6ft uou)	SD132	item		2		3
73	canister, suction	SD009	item		NEW		3
74	silver nitrate applicator	SJ046	item		8		3
75	bacitracin oint (0.9gm uou)	SJ007	item		1		3
76	tracheostomy dressing	SG091	item		1		3
77	tracheostomy tube	SD209	item		1		3
78	tracheostomy collar-neckband	SG090	item		1		3
79	pack, cleaning, surgical instruments	SA043	pack		NEW		3
80	pack, post-op incision care (suture & staple)	SA053	pack		1		0
81	gloves, non-sterile	SB022	pair		1		0
82	pack, cleaning and disinfecting, endoscope	SA042	pack		1		0
83	<b>EQUIPMENT</b>	<b>Code</b>					
84	light, fiberoptic headlight	E11006			81		108
85	chair with headrest, exam, reclining	E11011			81		108
86	suction and pressure cabinet, ENT (SMR)	E3001			54		108
87	instrument pack, basic (\$500-\$1499)	EQ137			NEW		129
88	fiberscope, flexible, rhinolaryngoscopy	ES020			50		0
89	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031			50		0

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*Harvard Valued – Utilization Over 30,000\**

April 2016

**Bronchoscopy**

In October 2015, AMA staff re-ran the screen for Harvard valued codes with utilization over 30,000 based on 2014 Medicare claims data and CPT code 31645 was identified. CPT code 31646 was identified as part of the family.

The specialty societies noted that a Code Change Application (CCA) is needed to describe the services accurately, thereby allowing for an adequate RUC survey. This CCA, attached, will be reviewed by the CPT Editorial Panel in May 2016 and a RUC survey will be conducted for presentation at the October 2016 RUC meeting. **The RUC recommends referral to the CPT Editorial Panel for CPT code 31645 and 31646.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)	000	Refer to CPT May 2016 (October 2016 RUC meeting)
31646 (f)	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent	000	Refer to CPT May 2016 (October 2016 RUC meeting)

Dr. Peter Smith  
 RUC Chair  
 American Medical Association  
 AMA Plaza 330 N. Wabash Ave.,  
 Suite 39300 Chicago, IL 60611-5885

February 12, 2016





Dear Dr. Smith,

The American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) submitted a CPT Code Change Application for the AMA CPT Editorial Panel consideration at the May 2016 meeting. We believe that CPT 31645 and 31646 require revisions that would be of benefit to any survey taker for these codes. We have attached the CCP for your information.

Therefore, with the RUC's permission, we are requesting the presentation to the RUC for CPT codes 31645 and 31646 be moved to the October 2016 RUC meeting.

If you have any questions, contact Denise Merlino, ATS and CHEST staff at (978) 283-0940.

Sincerely,

 Stephen Hoffmann, MD for ATS CPT Advisor American Thoracic Society	 Steve Peters, MD for CHEST CPT Advisor American College of Chest Physicians
 Alan Plummer, MD RUC Advisor American Thoracic Society	 Robert DeMarco, MD RUC Advisor American College of Chest Physicians

CC: Denise A. Merlino, CPC, CNMT, ATS and CHEST Coding Advisor

Please Note: This code change application is an abbreviated version of the standard Category I/Category III code change application intended to be used only in response to requests referred from the Joint CPT-RUC Workgroup or the Relativity Assessment Workgroup. Before using this form, please verify with CPT/RUC staff that it is applicable to your issue. If any component of the request submitted herein involves a new service not previously described in CPT, the standard Code Change Application must be submitted for that portion of the request.

## Application Submission Requirements

All CPT Code Change Applications are reviewed and evaluated by CPT staff, the CPT/HCPAC Advisory Committee, and the CPT Editorial Panel. Strict conformance with the following is required for review of a code change application:

- Submission of a complete application, including all necessary supporting documents;
- Adherence to all posted deadlines;
- Cooperation with requests from CPT staff and/or Editorial Panel members for clarification and information; and
- Compliance with [CPT Lobbying Policy](#). (Press “Ctrl” and click link)

## General Criteria for Category I Codes

All Category I code change application must satisfy each of the following criteria:

- The proposed descriptor is unique, well-defined, and describes a procedure or service which is clearly identified and distinguished from existing procedures and services already in CPT;
- The descriptor structure, guidelines and instructions are consistent with current Editorial Panel standards for maintenance of the code set;
- The proposed descriptor for the procedure or service is neither a fragmentation of an existing procedure or service nor currently reportable as a complete service by one or more existing codes (with the exclusion of unlisted codes). However, procedures and services frequently performed together may require new or revised codes;
- The structure and content of the proposed code descriptor accurately reflects the procedure or service as typically performed. If always or frequently performed with one or more other procedures or services, the descriptor structure and content will reflect the typical combination or complete procedure or service;
- The descriptor for the procedure or service is not proposed as a means to report extraordinary circumstances related to the performance of a procedure or service already described in the CPT code set; and
- The procedure or service satisfies the category-specific criteria set forth below.



## Criteria for development and evaluation of CPT Category I Codes

A proposal for a new or revised Category I code must satisfy all of the following criteria:

- All devices and drugs necessary for performance of the procedure or service have received FDA clearance or approval when such is required for performance of the procedure or service;
- The procedure or service is performed by many physicians or other qualified health care professionals across the United States;
- The procedure or service is performed with frequency consistent with the intended clinical use (i.e. a service for a common condition should have high volume, whereas a service commonly performed for a rare condition may have low volume);
- The procedure or service is consistent with current medical practice;
- The clinical efficacy of the procedure or service is documented in literature that meets the requirements set forth in the CPT Code Change Application.

This form plays a vital role in maintaining and increasing the efficiency of the CPT process. Please complete the entire form (insert additional lines and pages as needed). Refer to the accompanying instructions if necessary. Once the application is completed, [submit it using the instructions on the last page of this application](#). (Press "Ctrl" and click link)



# Cover Sheet for the Short Form CPT<sup>®</sup> Coding Change Application

It is recommended that applicants consult with national medical specialties and other qualified healthcare professional organizations that will typically provide the proposed procedure(s)/ service(s) requested in this application to obtain comments on the type of work and potential for development of relative value units (RVUs) by the AMA Specialty Society RVS Update Committee (RUC). With recognition of scheduling needs of the specialty societies, when assistance from a specialty society will be sought, it is highly recommended that the applicant plan for enough time for scheduling such discussions in advance of the application deadline to avoid violation of the AMA Lobbying Policy. Interested national specialty organizations may have deadlines prior to the CPT application submission deadline to allow for application review and comment.

**Date:** January 22, 2016

## Change Requested by:

<b>Name(s):</b>	Steve Peters, MD		
<b>Organization:</b>	American College of Chest Physicians (CHEST)		
<b>Address:</b>	2595 Patriot Boulevard		
<b>City:</b>	Glenview	<b>State:</b> IL	<b>Zip Code:</b> 60026
<b>Telephone:</b>	224-521-9597		
<b>Fax:</b>	224/521-9801		
<b>Email:</b>	peters.steve@mayo.edu Staff Denise Merlino: Merlinohccc@gmail.com Office 978-283-0940 Cell 339-221-0199		
<b>Name(s):</b>	Stephen Hoffmann, MD		
<b>Organization:</b>	American Thoracic Society (ATS) Staff: Gary Ewart		
<b>Address:</b>	1150 18th Street, N.W., Suite 300		
<b>City:</b>	Washington	<b>State:</b> DC	<b>Zip Code:</b> 20036

**Telephone:** 202 296-9770

**Fax:** 202 296-9776

**Email:** [stephen.hoffmann@hsc.wvu.edu](mailto:stephen.hoffmann@hsc.wvu.edu)  
Staff Denise Merlino: [Merlinohccc@gmail.com](mailto:Merlinohccc@gmail.com)  
Office 978-283-0940 Cell 339-221-0199

**Please include this cover sheet with your application.**

NOTICE: Individuals or organizations that believe they may be affected by a decision of the CPT Editorial Panel on your code change application may request review of your application in advance of the CPT Editorial Panel meeting. To ensure transparency in the CPT Editorial Panel process, the AMA will provide your code change application and supporting documentation to such interested parties (provided they can demonstrate a valid interest) so they can be prepared, if desired, to comment at the CPT Editorial Panel meeting from the floor microphones or to submit written comments in advance of the meeting.

If the AMA receives a request from an interested party to review this code change application, you will be notified of that request and given five business days to submit a redacted version of the application that deletes any confidential and proprietary information. Failure to respond in that time will be deemed by the AMA as your approval to release the full application. The CPT Editorial Panel and CPT/HCPAC Advisory Committee will be provided the unredacted version of the application

☒ **Yes. I approve of sharing this application in full to an interested party that requests to review the application.**

This form plays a vital role in maintaining and increasing the efficiency of the CPT process. It can be used to submit a short form coding change application for Category I codes. For more information and code criteria for Category I codes, please see the [Code Change Application Instructions](#). For other forms, see the [AMA CPT website](#). (Press "Ctrl" key and click link)

When requesting a new code, the entire form should be completed. When submitting a request for multiple new codes, a response should be provided for each new code. The applicant may need to create additional lines and pages as needed. Refer to the [Code Change Applications Instructions](#) if necessary. Once the application is completed, submit the form electronically to the AMA. (See information on submitting applications on the last page for [instructions on uploading](#) applications, literature supplements and other documents.) (Press "Ctrl" and click link)

**You may withdraw your application up until the time that the CPT Editorial Panel takes up the agenda item at a CPT Editorial Panel meeting. At that time, the discussion falls under the authority of the Editorial Panel, and the application may not be withdrawn. If the CPT Editorial Panel determines that additional information or evaluation is warranted, consideration of your application may be tabled until later during that meeting or postponed until time certain (a specific future CPT meeting) or to time uncertain.**

## Formatting Instructions for the Coding Change Application Form

When entering code information on this application, please use this formatting shown below. When **ADDING** codes, this will require specifying the recommended terminology (code descriptor) for the proposed CPT code and the placement of the proposed code in the current text of CPT (list section, subsection as illustrated below). When requesting a code **REVISION** you should use strike-outs for deletions and underlining for additions/revisions (example: 33420 Valvotomy, mitral valve ~~(commissurotomy)~~; closed heart). You may copy and paste the following symbols as appropriate:

- This symbol precedes a **new** code (example: ●1234X)
- ▲ This symbol precedes a **revised** code (example: ▲ 12345)
- ⊙ This symbol indicates **moderate sedation** is inherent in the procedure (example: ⊙12345)
- ⊕ This symbol indicates an **add-on code** to be reported with another code (example: ⊕12345)

### Example:

**Surgery**  
**Digestive System**  
**Stomach**  
**Incision**

D12345 ~~Old procedure~~

(Code 12345 has been deleted. To report, see 1234X1-1234X2)

⊙●1234X1 New procedure first

⊕⊙●1234X2 each additional (list separately in addition to primary procedure)

(Report code 1234X2 in conjunction with code 1234X1)

1. With which screen has this service been selected for review by the CPT Editorial Panel? (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Codes Inherently Performed Together             | <input checked="" type="checkbox"/> Harvard Valued Codes   |
| <input type="checkbox"/> High Volume Growth                              | <input type="checkbox"/> Site of Service Anomalies   |
| <input type="checkbox"/> CMS Fastest Growing Procedures                  | <input type="checkbox"/> New Technology Services   |
| <input type="checkbox"/> CMS/Other Source                                | <input type="checkbox"/> CMS High Expenditure Procedures   |
| <input type="checkbox"/> Pre-Time Analysis                               | <input type="checkbox"/> Post-Operative Visits   |
| <input type="checkbox"/> High IWPUT (intraservice work per unit of time) | <input type="checkbox"/> Services Surveyed by One Specialty and Now Performed by a Different Specialty |
| <input type="checkbox"/> Multi-Specialty Points of Comparison            |  |

- 
2. Indicate the specific reasons why this code change is necessary and provide rationale to explain why this issue was referred to the CPT Editorial Panel by the RUC (i.e., refer to the Relativity Assessment Workgroup report.)

As part of the January 2016 RUC meeting, RAW identified CPT 31645 as potentially misvalued based on volume and it was a Harvard valued code. In preparing for a potential RUC survey of the code and the family we recommend that the wording, "initial (e.g. drainage of lung abscess)" in 31645 should be removed. In addition, we believe that the subsequent code 31646 is not necessary and should be deleted.

3. If this application requests addition of a new code, specify the recommended terminology (code descriptor) for the proposed CPT code. Specify the placement of the proposed code in the current text of CPT (list section, subsection (example: MUSCULOSKELETAL, HEAD, INCISION ●210XX)). Also, list synonyms, eponyms or other technical names for the procedure (example: ●8661X *Borrelia burgdorferi* (Lyme disease) confirmatory test (e.g. Western blot or immunoblot)). Please note that any new services or procedures not currently described in CPT require use of the standard Code Change Application.

Not applicable.

4. If this application requests revision of a code(s), specify the recommended terminology (code descriptor) for the proposed revised code. Use the conventional techniques of strike-outs for deletions and underlining for additions/revisions (example: 33420 Valvotomy, mitral valve ~~(commissurotomy)~~; closed heart). Also, indicate the revision(s) in context with the current code descriptor (list the complete family of codes related to your request). Please refer to code change application instructions.

## Respiratory System

### Trachea and Bronchi

#### Endoscopy

▲ Ⓢ31645 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, ~~initial (eg, drainage of lung abscess)~~

Ⓢ31646 ~~with therapeutic aspiration of tracheobronchial tree, subsequent~~

(For catheter aspiration of tracheobronchial tree at bedside, use 31725)

(31646 has been deleted. To report initial or subsequent see 31645.)

5. If you are recommending a code deletion, please provide the recommended cross-reference (i.e. how is the deleted service now to be coded? Example (33100 has been deleted. To report, see 33030, 33031)).

<del>31646</del>	<del>with therapeutic aspiration of tracheobronchial tree, subsequent</del>
<u>(31646 has been deleted. To report initial or subsequent see 31645.)</u>	

- 6.1 Please review the most frequent conditions reported for the current codes as presented on the RUC database. Do you believe these accurately reflect the entire (i.e. not limited to Medicare) population?

☒ Yes

☐ No

**31645 Top 5 ICD- Codes**

ICD- 9	Description	Percentage
518	OTHER DISEASES OF LUNG	39.20%
486	PNEUMONIA ORGANISM UNSPECIFIED	9.10%
786	RESPIRATORY SYMPTOMS	8.50%
519	OTHER DISEASES RESPIRATORY SYSTEM	4.49%
933	FOREIGN BODY IN PHARYNX AND LARYNX	3.17%

**31646 Top 5 ICD- Codes**

ICD- 9	Description	Percentage
518	OTHER DISEASES OF LUNG	52.63%
486	PNEUMONIA ORGANISM UNSPECIFIED	5.26%
933	FOREIGN BODY IN PHARYNX AND LARYNX	5.26%
V58	ENCOUNTER FOR AFTERCARE	4.83%

- 6.2 Will the combined service or remaining uncombined services be used for different conditions than presently listed?

☐ Yes

☒ No

Additional Comments

7. Please provide a list of CPT codes for all procedures/services which are an integral part of the proposed procedure/service. This list should include CPT codes for all procedures/services



which, if coded in addition to the code for the procedure/service proposed here, would represent unbundling.

Does not apply.

8. Is the requested service typically reported on the same date as services reported with existing CPT codes? If yes, please explain why multiple codes are typically reported.

☒ No

☐ Yes

9. Do you request that this service be added to Appendix E (i.e. should this application be presented to the RBRVS Update Committee for valuation as modifier 51 exempt)?

☐ Yes

☒ No

10. For each proposed coding change, please provide (attach) a clinical vignette that describes the typical patient who would receive the procedure(s).service(s) including diagnosis and relevant conditions. Please refer to the sample format and examples of appropriate clinical vignettes included in the code change application instructions. This same vignette is used during the development of work values by the AMA/Specialty Society RVS Update Committee (RUC). It is important that the description of the typical patient make apparent the degree of complexity required to provide the service.

**31645 Vignette:**

A 60 year old man has been hospitalized for one week for respiratory failure. He has respiratory decompensation, oxygen requirements have increased, and chest radiograph shows new lung atelectasis. Bronchoscopy is performed for the clearance of secretions obstructing bronchi.

11. For each [proposed coding change, please provide (attach) a brief description of the procedure(s)/service(s) performed by the physician or non-physician health care professional. Please refer to the sample and examples of appropriate descriptions of service included in the code change application instructions. This should be a summary description and should **not** contain the detail or pre, intra and post service breakdowns that are required as part of the AMA/Specialty Society RVS Update Committee (RUC). It is important that the description of the service make apparent the degree of complexity required to provide the service.

If the description includes services that are reported separately, please clearly indicate this separate reporting. 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.

**31645 Description:** The physician examines the patient to verify that he can undergo the procedure. He is then placed on supplemental oxygen in the endoscopy suite which has resuscitative equipment in place. An IV is started and the physician supervises the administration of conscious sedation while the patient receives inhaled topical anesthesia as he is properly monitored for pulse, blood pressure, SPO2, and ECG. The physician inserts the bronchoscope through the upper airway, noting any abnormalities. The vocal cords are visualized and the structure and function are noted. The bronchoscope is advanced into the tracheobronchial tree. Secretions are identified and aspirated. Sterile saline may be required to mobilize more viscous and distal secretions. The bronchoscope is removed and the inner channel is flushed as necessary to clear more tenacious secretions. The bronchoscope is reinserted as necessary until the secretions are clear. The physician examines the patient post-endoscopy to ascertain that no complications such as bleeding has occurred.

12. Has there been a change in the diagnosis or conditions for which this service/procedure is designed to diagnose/treat? If so, please specify the change.

☐ Yes

☒ No

13. For the proposed coding change, is conscious sedation inherent to this procedure?

☒ Yes

☐ No

---

14. Please identify the specialties or sub-specialties that might perform this procedure/service.

Specialty	Spec %
<b>PULMONARY DISEASE</b>	<b>67.87%</b>
<b>CRITICAL CARE (INTENSIVISTS)</b>	<b>11.47%</b>
<b>INTERNAL MEDICINE</b>	<b>8.15%</b>
<b>THORACIC SURGERY</b>	<b>6.11%</b>
<b>GENERAL SURGERY</b>	<b>2.92%</b>
<b>ANESTHESIOLOGY</b>	<b>1.01%</b>
<b>CARDIAC SURGERY</b>	<b>0.84%</b>

15. Have all of the national offices for the specialty groups listed in the CPT Advisory Committee listing in the CPT codebook been contacted? If yes, which one(s)? If not, which one(s) were not?

Society of Thoracic Surgery

16. What is the typical site of service that this procedure is performed in? (please check all that apply)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Office or other outpatient setting | <input checked="" type="checkbox"/> Emergency department       |
| <input checked="" type="checkbox"/> Independent laboratory             | <input type="checkbox"/> Domiciliary/rest home                 |
| <input checked="" type="checkbox"/> Hospital inpatient                 | <input type="checkbox"/> Patient's home                        |
| <input type="checkbox"/> Psychiatric facility                          | <input type="checkbox"/> Nursing facility                      |
| <input checked="" type="checkbox"/> Hospital outpatient                | <input checked="" type="checkbox"/> Ambulatory surgical center |
|  | <input type="checkbox"/> Other                                 |

17. If you are recommending a new code, please estimate the percentage of services performed using current codes that would now be coded using the proposed new code. Please cite your data sources (example: Current code 12345 will now be reported by ●123X1 30% of the time, ●123X2 70% of the time).

No change to current utilization volumes of existing with revisions.

CPT	2012	2013	2014	%	RVW
31645	33792	33889	32154	87.8%	3.16
31646	4664	4694	4480	12.2%	2.72
Total	38456	38583	36634		

## Conflict of Interest Policy for Presenters


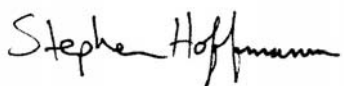
Every code change proposal applicant or their designee(s) making a presentation ("Presenter") to the CPT Editorial Panel on a code change proposal shall disclose all individual and corporate **disclosable interests** as defined below, but without regard to financial limit. Presenters who are applicants shall complete a written disclosure at the time of the code change proposal application. Presenters who are a designee(s) of the code change proposal applicant shall complete a written disclosure in response to the "presenter letter" sent to applicants approximately two weeks in advance of the meeting of the CPT Editorial Panel. All Presenters are also asked by the Chair of the CPT Editorial Panel to make a verbal disclosure of individual and corporate interests at the time of presentation. Any disclosable interest that is a **material individual interest** or a **material corporate interest** must be designated as such in the disclosure.

[View the Key Elements of the Conflict of Interest for Presenters in this document.](#)

### Coding Change Proposal Applicant or Designee ("Presenter") Disclosure of Interest

I affirm that I have read and understand the Conflict of Interest Policy of the CPT Editorial Panel and Workgroup Members, Advisors and Presenters (available on the public AMA CPT web page). I have no individual or corporate **disclosable interests** at this time, except as set forth below. I understand that I have a continuing obligation to comply with the Conflict of Interest Policy and will update this form prior to any coding change proposal application. Disclosure does not restrict or limit the ability of the Presenter to support the applicant's coding change proposal.

DISCLOSABLE INTERESTS	(INDICATE IF MATERIAL INTEREST)
None	

Print Name	Steve Peters, MD
Signature	
Date	January 22, 2016
Print Name	Stephen Hoffmann, MD
Signature	
Date	January 22, 2016

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For convenience, key elements of the Conflict of Interest Policy applicable for **Presenters** are summarized below. **The Conflict of Interests Policy in its entirety is controlling (please refer to the Conflict of Interest Policy its entirety):**

- Presenters members must disclose all individual and corporate disclosable interests as defined in the Policy held by the member or immediate family without regard to financial limit.
- **“Immediate family”** means a spouse, domestic partner, parent, child, brother or sister of a Presenter. Requirements for disclosure of interests of immediate family apply to the extent such interests are known by the Presenter.
- **“Disclosable individual interest”** means cash, goods or other value (e.g., consultancies, speaking honoraria, salary or salary support, research or other grant support, stock ownership or options, expert testimony, royalties or other intellectual property rights, service on a speakers bureau, gifts or paid travel and vacation) that, with respect to the Presenter or the Presenter’s immediate family members, the individual may receive such interest as a result of the approval or denial of the code change, the value of which exceeds \$1.00 in the past two years.
- **“Disclosable corporate interest”** means cash, goods or other value (e.g., increased sales, decreased sales of competitors, increased value of intellectual property, increased grant support, etc.) which in the aggregate exceeds \$5,000 within the past two years or is reasonably expected to exceed \$5,000 in the next two years, only where the Presenter is a consultant, agent or employee and the Presenter should reasonably be aware that their client or employer may receive such interest from the approval or denial of the coding change proposal.
- Individual and corporate **disclosable interests** do not include [i] any interest that is limited to providing clinical services to patients (including the service for which a coding change proposal has been submitted), or [ii] providing professional educational services or interpretative advice on proper coding.
- **“Material individual interest”** means a disclosable individual interest the value of which exceeds \$10,000 in the aggregate within the past two years.
- **“Material corporate interest”** means disclosable corporate interest the value of which, in the aggregate, exceeds \$10,000 within the past two years or is reasonable expected to exceed \$10,000 in the next two years.
- Presenters who are applicants shall complete a written disclosure at the time of the coding change proposal application. Presenters who are a designee(s) of the coding change proposal applicant shall complete a written disclosure in response to the “presenter letter” sent to applicants approximately two weeks in advance of the meeting of the CPT Editorial Panel. All Presenters are also asked by the Chair of the CPT Editorial Panel to make a verbal disclosure of interest and corporate interests at the time of presentation.

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## Statement on Lobbying

Applicants and other interested parties must not engage in “lobbying” for or against coding change applications. “Lobbying” means **unsolicited** communications of any kind made at any time (including during Editorial Panel meetings) for the purpose of attempting to influence either (1) the CPT Advisors’ evaluation of or comments upon a coding change application or (2) voting by members of the Editorial Panel on a coding change application. **Lobbying is strictly prohibited. Violation of the prohibition on lobbying may result in sanctions, such as being barred from further participation in the CPT process.** Information that accompanies a coding change application, presentations or commentary to the full Editorial Panel during an open meeting and responses to inquiries from a Panel member or a CPT staff member do not constitute “lobbying”.

In order for the CPT Editorial Panel to effectively review and act on proposed changes to the CPT code set, coding change applications must be reviewed by the CPT Advisors and the Editorial Panel based on the information contained in the application and available clinical literature. CPT staff is responsible for organizing and submitting information to the CPT Advisors and the Editorial Panel for consideration. Information relating to a coding change application must be submitted to CPT staff no later than thirty days prior to the start of the Editorial Panel meeting at which the coding change application will be considered. In some cases, the Chair of the Editorial Panel may establish rules which allow for supplemental submissions of information to workgroups or facilitation sessions established by the Chair or for postponed or appealed agenda items. (A facilitation session is an information meeting requested by the Chair during a CPT Editorial Panel meeting to allow interested parties to confer and attempt to reach a consensus recommendation for presentation at the meeting.)

During development of a coding change application, an applicant may seek input or assistance from staff or advisors of medical specialty societies, but may not engage in “lobbying” as defined above. Medical specialty societies may have their own policies governing interactions with applicants or other interested parties regarding coding change applications. The AMA encourages medical societies to work with applicants from both industry and other medical specialties to assure that coding change applications are complete, coherent and consistent with current medical practice. Contacts with consulting medical societies should be limited to that which is necessary to construct and submit the coding change application. After the date a coding change application is posted for review and comment by the CPT Advisors and the Editorial Panel, contact between an applicant and medical society representatives should be confined to communications pertaining to feedback from the CPT staff or Advisor’s comments regarding the application. If an applicant or other interested party wishes the CPT Advisors or the Editorial Panel to consider additional information, that information must be submitted to AMA’s CPT staff and not directly to the CPT Advisors or the Editorial Panel.

Applicants and other interested parties are invited to participate in open CPT Editorial Panel meetings and present their views on coding change application when recognized by the Chair during the course of the meeting. The views of applications and other interested parties may be sought during work group or facilitation sessions established by the Chair and participation in a workgroup or facilitation session is not considered lobbying.

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## Attestations

By signing below, I hereby attest to each of the following:

1. the information provided in this application is true, correct and complete, and, to the best of my knowledge, accurately depicts current clinical and or surgical practice;
2. I have read the CPT Statement on Lobbying, Criteria for Development and Evaluation of CPT Category I and Category III codes, CPT Coding Application Instructions, CPT Editorial Panel Confidentiality Agreement, and CPT Application Process FAQs all referenced on the **Applying for CPT Codes** page and on related pages (press "Ctrl" key and click link); and
3. I have authority to sign this application in both an individual and organizational capacity.

## Copyright Assignment

In consideration of the American Medical Association's review of this coding change application, on behalf of myself and the organization named below, I hereby assign to the AMA all rights including copyright, if any, in the changes to the CPT code set contained in the application and any variation thereof approved by the CPT Editorial Panel.

Signature	
Print Name	STEVE PETERS, MD
Organization (if applicable)	AMERICAN COLLEGE OF CHEST PHYSICIANS (CHEST)
Date	JANUARY 22, 2016
Signature	
Print Name	STEPHEN HOFFMANN, MD
Organization (if applicable)	AMERICAN THORACIC SOCIETY
Date	JANUARY 22, 2016



# Instructions for Submitting your Coding Change Application

## Coding Change Application:

- Email the application and any signature pages to [ccpsubmit@ama-assn.org](mailto:ccpsubmit@ama-assn.org)
- **Only the Coding Change Application and nay signature pages should be emailed to [ccpsubmit@ama-assn.org](mailto:ccpsubmit@ama-assn.org).**

**Supporting documents** for your Coding Change Application should be uploaded onto the **AMA CPT Submissions** page (<https://connection.ama-assn.org/sites/cpt/Submit/default.aspx>).

- You will be required to sign in to have access to this site.
- Any AMA website login account that you currently have (including your CPT Collaboration website username and password) should allow access to this site.
- If you do not have an AMA login account, press the link that says **Create an Account** on the login page in order to establish access to the **AMA CPT Submissions site**.

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## To use the drag and drop option for submission of documents:

- The AMA CPT Submissions site is compatible with the following browsers: Internet Explorer, Chrome and Firefox. We have found that using Mozilla Firefox provides optimum performance. This browser can be obtained with a free download through the [Mozilla website](#).
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AMA/Specialty Society RVS Update Committee Summary of Recommendations  
**\*CMS High Expenditure Procedures/ Harvard Valued – Utilization Over 30,000 screen \***

April 2016

**Selective Catheter Placement**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. *CPT code 36215 also identified via the Harvard Valued – Utilization Over 30,000 screen.* CPT codes 36216, 36217 and 36218 were added as part of the family of services.

**36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

The RUC reviewed the survey results from 113 practicing interventional radiologists, vascular surgeons and renal physicians and recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 30 minutes and immediate post-service time of 20 minutes. The RUC agreed to add two minutes of positioning time above the standard package to account for positioning the patient supine and orienting the patient, imaging equipment, and lines/catheters to allow for access to the puncture site. Additionally, 5 minutes of scrub, dress, wait time was added above the standard package to maintain a sterile operating room technique when performed in the office suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey respondents somewhat overvalued the work involved, with a 25<sup>th</sup> percentile work RVU of 5.25. To find an appropriate work RVU for CPT code 36215, the RUC reviewed CPT code 32550 *Insertion of indwelling tunneled pleural catheter with cuff* (work RVU= 4.17, intra time= 30 minutes) and agreed that since this reference code has identical intra-service time compared to 36215 and is an analogous procedure with a similar amount of physician work, the work RVUs should be identical. To justify a direct physician work RVU crosswalk of 4.17, the RUC also reviewed CPT code 43233

*Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)* (work RVU= 4.17, intra-time= 28 minutes) and MPC code 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05, intra-time= 30 minutes) and agreed that both codes validate the recommended work RVU of 4.17. Finally, the RUC noted the decrease in intra-service time from 61 minutes to 30 minutes. The current time source is Harvard, with all the physicians' time is captured in the intra-service category, without considering the time required for pre and immediate post-service. Comparisons between the prior intensity and current intensity are inappropriate due to the lack of adequate physician time components assigned during the Harvard studies. **The RUC recommends a work RVU of 4.17 for CPT code 36215.**

***36216 Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family***

The RUC reviewed the survey results from 87 practicing interventional radiologists and vascular surgeons and recommends the following physician time components: pre-service time of 31 minutes, intra-service time of 45 minutes and immediate post-service time of 20 minutes. The RUC agreed to add two minutes of positioning time above the standard package to account for positioning the patient supine and orienting the patient, imaging equipment, and lines/catheters to allow for access to the puncture site.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the current work RVU of 5.27, lower than the survey's 25<sup>th</sup> percentile, is appropriate for CPT code 36216. To justify a work RVU of 5.27, the RUC compared the surveyed code to the top two key reference services CPT code 36246 *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 5.27, intra time= 45 minutes and code 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* (work RVU= 6.00, intra time= 45 minutes) and agreed that these comparable services provide appropriate comparisons to the recommended value. In addition, the RUC noted the incremental work difference between the work of placing the stent in the first order branch (code 36215) and the initial second order (code 36216) is 1.10 work RVUs with 15 additional minutes. This increment is appropriate and magnitude estimation of this increment is maintained throughout the family of services.

Finally, the RUC noted the decrease in intra-service time from 72 minutes to 45 minutes. The current time source is Harvard, all the physicians' time is captured in the intra-service category, without considering the time required for pre and immediate post-service. Comparisons between the prior intensity are inappropriate due to the lack of adequate physician time components assigned during the Harvard studies. **The RUC recommends a work RVU of 5.27 for CPT code 36216.**

***36217 Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family***

The RUC reviewed the survey results from 87 practicing interventional radiologists and vascular surgeons and recommends the following physician time components: pre-service time of 31 minutes, intra-service time of 60 minutes and immediate post-service time of 20 minutes. The RUC agreed to add two minutes of positioning time above the standard package to account for positioning the patient supine and orienting the patient, imaging equipment, and lines/catheters to allow for access to the puncture site.

The RUC had significant discussions regarding the appropriate intra-service time for this procedure. The median survey intra-service time was 50 minutes. However, CPT code 36217 includes the work of both 36215 (intra time= 30 minutes) and 36216 (intra time= 45 minutes). Therefore, the median intra-service time of 50 minutes, only 5 minutes above 36216, is not clinically appropriate. The RUC agreed to accept the 75<sup>th</sup> intra-service

time of 60 minutes in order to accurately account for the physician work of placing a catheter in the third order branch. This more accurate intra-service time, preserves the incremental, linear consistency between the work RVU and intra-service time within the family.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the current work RVU of 6.29, supported by the survey's 25<sup>th</sup> percentile work RVU of 6.30, is appropriate for CPT code 36217. To justify a work RVU of 6.29, the RUC compared the surveyed code to the top key reference service CPT code 36247 *Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 6.29, intra time= 60 minutes) and agreed that since both services have identical intra-service time and comparable physician work, the work RVUs should be the same. In addition, the RUC noted the incremental work difference between the work of placing the stent in the second order branch (code 36216) and the initial third order (code 36217) is 1.01 work RVUs with 15 additional minutes. This increment is appropriate and magnitude estimation of this increment is maintained throughout the family of services.

Finally, the RUC noted the decrease in intra-service time from 86 minutes to 60 minutes. The current time source is Harvard, all the physicians' time is captured in the intra-service category, without considering the time required for pre and immediate post-service. Comparisons between the prior intensity are inappropriate due to the lack of adequate physician time components assigned during the Harvard studies. **The RUC recommends a work RVU of 6.29 for CPT code 36217.**

**36218 *Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family***

The RUC reviewed the survey results from 80 practicing interventional radiologists and vascular surgeons and recommends intra-service time of 15 minutes for this add-on procedure.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the current work RVU of 1.01, lower than the survey's 25<sup>th</sup> percentile, is appropriate for CPT code 36218. To justify a work RVU of 1.01, the RUC compared the surveyed 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* (work RVU= 1.20, intra time= 15 minutes) and code 36148 *Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention* (work RVU= 1.00, intra time= 15 minutes) and agreed that both reference services have identical intra-service time and should be valued nearly identical to CPT code 36218. Finally, the RUC agreed that the increment of 1.01 for an additional branch with intra-service time of 15 minutes appropriately fits with the incremental hierarchy established with the base codes in this family. **The RUC recommends a work RVU of 1.01 for CPT code 36218.**

**Practice Expense:**

The RUC approved the direct expense inputs with modifications as approved by the Practice Expense Subcommittee.

**Global Period:**

The RUC requests that CMS assign CPT codes 36215, 36216 and 36217 a 000-day global period.

**Work Neutrality**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	<del>XXX</del> 000	4.17
36216 (f)	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	<del>XXX</del> 000	5.27 (No Change)
36217 (f)	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	<del>XXX</del> 000	6.29 (No Change)
36218 (f)	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	ZZZ	1.01 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 36215      Tracking Number

Original Specialty Recommended RVU: **4.67**  
Presented Recommended RVU: **4.67**  
RUC Recommended RVU: **4.17**

Global Period: 000

CPT Descriptor: Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: Selective catheterization of the left subclavian artery to evaluate upper extremity ischemia in a 68-year-old male (eg, claudication, ischemia distal to an AV access).

Percentage of Survey Respondents who found Vignette to be Typical: 88%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pertinent medical information including labs and imaging is reviewed. A targeted H&P is performed. The proposed procedure is discussed with the patient and family and consent is obtained and documented. The patient is transported to the procedure room and placed supine on the procedure table.

Description of Intra-Service Work: The right common femoral artery access and sheath placement are performed. Wire and catheter are advanced to the origin of the left subclavian artery. Diagnostic arteriography is performed to assess subclavian artery origin pathology. Using a wire, the diagnostic catheter is then advanced into a more stable position further into the left subclavian artery and complete upper extremity angiography is performed. The catheter and sheath are removed, and hemostasis is obtained with manual compression, or by a closure device.

Description of Post-Service Work: Sterile dressing is applied. Appropriate care orders are entered in the electronic medical record. The procedure is documented in the chart. The patient is transferred from the procedure table to the recovery area and monitored for 4 hours. The procedure outcome is discussed with the patient and family. The patient is discharged home with follow up care instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Zeke Silva, MD, Kurt Schoppe, MD, Matthew Sideman, MD, Francesco Aiello, MD and Timothy Pflederer, MD				
<b>Specialty(s):</b>	SIR, SVS, ACR, RPA				
<b>CPT Code:</b>	36215				
<b>Sample Size:</b>	4164	<b>Resp N:</b>	113	<b>Response:</b> 2.7 %	
<b>Description of Sample:</b>	random selection from each society's US, MD/DO, active membership database				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	6.00	15.00	30.00	1000.00
<b>Survey RVW:</b>	3.02	5.25	6.00	6.00	8.00
<b>Pre-Service Evaluation Time:</b>			40.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	5.00	20.00	30.00	45.00	120.00
<b>Immediate Post Service-Time:</b>	<b>20.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6B-NF Procedure with sedation

<b>CPT Code:</b>	36215	<b>Recommended Physician Work RVU: 4.17</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	17.00	22.00	-5.00	
<b>Pre-Service Positioning Time:</b>	3.00	1.00	2.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	0.00	5.00	
<b>Intra-Service Time:</b>	30.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
N/A Survey Code is Non-Facility				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	0.00	20.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36223	000	6.00	RUC Time

CPT Descriptor 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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36246	000	5.27	RUC Time

CPT Descriptor Selective catheter placement, arterial system; initial second order 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52224	000	4.05	RUC Time	47,128

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37191	000	4.71	RUC Time	48,659

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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 38.9 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 38      % of respondents: 33.6 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>36215</u>	Top Key Reference CPT Code: <u>36223</u>	2nd Key Reference CPT Code: <u>36246</u>
Median Pre-Service Time	25.00	48.00	41.00
Median Intra-Service Time	30.00	45.00	45.00
Median Immediate Post-service Time	20.00	30.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>75.00</b>	<b>123.00</b>	<b>106.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.16	0.32
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.16	0.26
Urgency of medical decision making	0.02	0.24

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.14	0.37
Physical effort required	0.02	0.13

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.18	0.58
Outcome depends on the skill and judgment of physician	0.18	0.42
Estimated risk of malpractice suit with poor outcome	0.18	0.63

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.32	0.34
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT Code 36215 was identified in this CMS screen. The specialties identified 36216-8 as part of this selective catheter placement family.

**Global Period Change**

The multi specialty group (SIR, ACR, RPA, SVS) requested a global period change for CPT Codes 36215, 36216 and 36217 from XXX to 000. The societies argued that it was important to have the global periods line up with other similar services (i.e. 36246, 36247, 36200). CMS approved the request.

**Moderate Sedation**

Moderate sedation will be reported separately, with the new moderate sedation codes (when CMS approves them). These codes are not currently included on Appendix G.

**Methodology**

The utilization for these services, require a minimum of 30 completed RUC surveys. A survey was distributed randomly to the members of the representative societies. Note that RPA only surveyed code 36215. The societies exceeded the minimum requirement for the number of surveys (80-113). A multi-disciplinary expert panel including SVS, SIR, ACR and RPA was convened. The survey data were reviewed by the multi-specialty expert panel and the following recommendations are being made.

**Pre- and Post-Service Time Packages**

We recommend the follow adjustments to the pre-time packages:

1. Evaluation: For facility based codes 36216 and 36217, we removed the 10 minutes from evaluation time for "Administer moderate sedation/observe (wait) anesthesia care".

2. Positioning: For codes 36215, 36216, and 36217, we recommend an additional 2 minutes of positioning time to account for positioning the patient supine and orienting the patient, imaging equipment, and lines/catheters to allow for access to the puncture site.
3. Scrub, dress, and wait: For code 36215, we recommend an additional 5 minutes for “Dress and scrub for procedure”. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

### **Work RVU Recommendation for 36215**

We are recommending maintaining the current work RVU value of 4.67, lower than the 25<sup>th</sup> percentile.

### **Pre- and Post-Service Time Packages**

The current Medicare utilization indicates this procedure is typically performed in the office setting. As such, we are recommending pre-time package 6b – office based procedure with (moderate) sedation. We are not recommending a particular post time package, as this is an office-based procedure. We are recommending survey time in the post service period.

### **Billed Together**

CPT Code 36215 is reported more than 50% with code 36147. However, 36147 will be deleted in 2017 as part of the bundling of dialysis circuit codes. An S&I code is typically reported on the same day (i.e. 75710).

### **Comparison with Key Reference Services**

The key reference codes chosen by the majority of the survey respondents were CPT Code 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* and CPT Code 36246 *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family.*

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
36215 Surveyed	4.67	0.124	75	17	3	5	30	20
36245 RefCode	5.27	0.088	106	33	3	5	45	20
36223 RefCode	6.00	0.096	123	40	3	5	45	30

### **Comparison to MPC codes**

CPT Code 36215 ranks appropriately between two MPC codes with similar intra-service times and intensities. CPT Code 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* and CPT Code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed.*

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
52224	4.05	0.101	79	19	5	5	30	20

MPC								
36215 Survey	4.67	0.124	75	17	3	5	30	20
37191 MPC	4.71	0.120	83	30	3	5	30	15

**Relativity**

CPT Code	Descriptor	Work RVU	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	Total Time	IWPUT
52224 MPC	<i>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy</i>	4.05	19	5	5	30	20	79	0.1008
<b>36215 Surveyed</b>	<b><i>Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family</i></b>	<b>4.67</b>	<b>17</b>	<b>3</b>	<b>5</b>	<b>30</b>	<b>20</b>	<b>75</b>	<b>0.124</b>
37191 MPC	<i>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</i>	4.71	30	3	5	30	15	83	0.1198
<b>36216 Surveyed</b>	<b><i>Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family</i></b>	<b>5.27</b>	<b>23</b>	<b>3</b>	<b>5</b>	<b>45</b>	<b>20</b>	<b>96</b>	<b>0.093</b>
36246 Ref	<i>Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family</i>	5.27	33	3	5	45	20	106	0.088
52235 MPC	<i>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)</i>	5.44	19	5	5	45	20	94	0.0981
36223 Ref	<i>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</i>	6.00	40	3	5	45	30	123	0.096
<b>36217 Surveyed</b>	<b><i>Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family</i></b>	<b>6.29</b>	<b>23</b>	<b>3</b>	<b>5</b>	<b>50</b>	<b>20</b>	<b>101</b>	<b>0.104</b>
36247 Ref	<i>Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch,</i>	6.29	33	3	5	60	30	131	0.080

CPT Code: 36215									
	<i>within a vascular family</i>								
52352 MPC	<i>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)</i>	6.75	33	5	15	45	20	118	0.1184
36254 Ref	<i>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</i>	8.15	33	3	5	68	30	139	0.098

### **Conclusion**

A multi-disciplinary survey of CPT 36215 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, two MPC codes, and across the selective catheter placement family, we believe that the current work RVU value of 4.67 appropriately ranks CPT 36215 relative to other services.

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### **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. Code 36215 is reported more than 50% with code 36147. However, 36147 will be deleted in 2017 as part of the bundling of dialysis circuit codes. Code 36215 is reported more than 50% with code 75710. The utilization of this code with 36215 should decrease because angiography will be bundled into the new dialysis circuit codes.

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### **FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36215

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty radiology                      How often? Sometimes

Specialty vascular surgery                      How often? Sometimes

Specialty nephrology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
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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?

47,260 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 radiology	Frequency 12750	Percentage 26.97 %
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Specialty vascular surgery	Frequency 5500	Percentage 11.63 %
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Specialty nephrology	Frequency 19000	Percentage 40.20 %
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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 36215

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:36216      Tracking Number

Original Specialty Recommended RVU: **5.27**  
Presented Recommended RVU: **5.27**  
RUC Recommended RVU: **5.27**

Global Period: 000

CPT Descriptor: Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: Selective catheterization of the right subclavian artery to evaluate for thoracic outlet syndrome in a 32-year-old male with evidence of distal emboli to the hand.

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: Pertinent medical information including labs and imaging is reviewed. A targeted H&P is performed. The proposed procedure is discussed with the patient and family and consent is obtained and documented. The patient is transported to the procedure room and placed supine on the procedure table.

Description of Intra-Service Work: The right common femoral artery access and sheath placement are performed. Wire and catheter are advanced into the brachiocephalic artery. Diagnostic arteriography is performed to assess proximal subclavian artery pathology. Using a wire, the diagnostic catheter is then advanced into the right subclavian artery for complete upper extremity angiography. The catheter and sheath are removed, and hemostasis is obtained with manual compression, or by a closure device.

Description of Post-Service Work: Sterile dressing is applied. Appropriate care orders are entered in the electronic medical record. The procedure is documented in the chart. The patient is transferred from the procedure table to the recovery area and monitored for 4 hours. The procedure outcome is discussed with the patient and family. The patient is discharged home with follow up care instructions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Zeke Silva, MD, Kurt Schoppe, MD, Matthew Sideman, MD and Francesco Aiello, MD.				
<b>Specialty(s):</b>	SIR, SVS, ACR				
<b>CPT Code:</b>	36216				
<b>Sample Size:</b>	2289	<b>Resp N:</b>	87	<b>Response:</b> 3.8 %	
<b>Description of Sample:</b>	random selection from each society's US, MD/DO, active membership database				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	5.00	6.00	15.00	100.00
<b>Survey RVW:</b>	5.00	6.00	6.25	6.88	8.50
<b>Pre-Service Evaluation Time:</b>			40.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	10.00	28.00	45.00	60.00	90.00
<b>Immediate Post Service-Time:</b>	<b>20.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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)

<b>CPT Code:</b>	36216	<b>Recommended Physician Work RVU: 5.27</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	23.00	33.00	-10.00	
<b>Pre-Service Positioning Time:</b>	3.00	1.00	2.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	5.00	0.00	
<b>Intra-Service Time:</b>	45.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
8B IV Sedation/Complex Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	28.00	-8.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36246	000	5.27	RUC Time

CPT Descriptor Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36223	000	6.00	RUC Time

CPT Descriptor 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

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37191	000	4.71	RUC Time	48,659

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52235	000	5.44	RUC Time	32,000

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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 29      % of respondents: 33.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 29      % of respondents: 33.3 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>36216</u>	Top Key Reference CPT Code: <u>36246</u>	2nd Key Reference CPT Code: <u>36223</u>
Median Pre-Service Time	31.00	41.00	48.00
Median Intra-Service Time	45.00	45.00	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
<b>Median Total Time</b>	<b>96.00</b>	<b>106.00</b>	<b>123.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.38	0.24
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.28	0.21
Urgency of medical decision making	0.34	0.17
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.52	0.41
Physical effort required	0.38	0.31

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.93	0.31
Outcome depends on the skill and judgment of physician	0.48	0.21
Estimated risk of malpractice suit with poor outcome	0.83	0.48

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.69	0.55
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT Code 36215 was identified in this CMS screen. The specialties identified 36216-8 as part of this selective catheter placement family.

**Global Period Change**

The multi specialty group (SIR, ACR, RPA, SVS) requested a global period change for CPT Codes 36215, 36216 and 36217 from XXX to 000. The societies argued that it was important to have the global periods line up with other similar services (i.e. 36246, 36247, 36200). CMS approved the request.

**Moderate Sedation**

Moderate sedation will be reported separately, with the new moderate sedation codes (when CMS approves them). These codes are not currently included on Appendix G.

**Methodology**

The utilization for these services, require a minimum of 30 completed RUC surveys. A survey was distributed randomly to the members of the representative societies. Note that RPA only surveyed code 36215. The societies exceeded the minimum requirement for the number of surveys (80-113). A multi-disciplinary expert panel including SVS, SIR, ACR and RPA was convened. The survey data were reviewed by the multi-specialty expert panel and the following recommendations are being made.

**Pre- and Post-Service Time Packages**

We recommend the follow adjustments to the pre-time packages:

1. Evaluation: For facility based codes 36216 and 36217, we removed the 10 minutes from evaluation time for "Administer moderate sedation/observe (wait) anesthesia care".

2. Positioning: For codes 36215, 36216, and 36217, we recommend an additional 2 minutes of positioning time to account for positioning the patient supine and orienting the patient, imaging equipment, and lines/catheters to allow for access to the puncture site.
3. Scrub, dress, and wait: For code 36215, we recommend an additional 5 minutes for “Dress and scrub for procedure”. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

### **Work RVU Recommendation for 36216**

We are recommending maintaining the current work RVU value of 5.27, lower than the 25<sup>th</sup> percentile.

### **Pre- and Post-Service Time Packages**

The current Medicare utilization indicates this procedure is dominantly performed in the inpatient setting. As such, we are recommending pre-time package 2b – facility based Difficult Patient/Straightforward Procedure (With sedation/anesthesia care).

We are recommending post-time package 8b IV Sedation/ Complex Procedure.

### **Billed Together**

CPT Code 36216 is not typically reported with other procedures. An S&I code is typically reported on the same day (i.e. 75710).

### **Comparison with Key Reference Services**

The key reference codes chosen by the majority of the survey respondents were CPT Code 36246 *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family* and CPT Code 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.*

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
36216	5.27	0.093	96	23	3	5	45	20
36246	5.27	0.088	106	33	3	5	45	20
36223	6.00	0.096	123	40	3	5	45	30

### **Comparison to MPC codes**

CPT Code 36216 ranks appropriately between two MPC codes with similar intra-service times and intensities. CPT Code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* and CPT Code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)*

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
37191 MPC	4.71	0.120	83	30	3	5	30	15
36216	5.27	0.088	106	33	3	5	45	20

Survey								
52235 MPC	5.44	0.098	94	19	5	5	45	20

**Relativity**

CPT Code	Descriptor	Work RVU	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	Total Time	IWPUT
52224 MPC	<i>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy</i>	4.05	19	5	5	30	20	79	0.1008
<b>36215 Surveyed</b>	<b><i>Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family</i></b>	<b>4.67</b>	<b>17</b>	<b>3</b>	<b>5</b>	<b>30</b>	<b>20</b>	<b>75</b>	<b>0.124</b>
37191 MPC	<i>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</i>	4.71	30	3	5	30	15	83	0.1198
<b>36216 Surveyed</b>	<b><i>Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family</i></b>	<b>5.27</b>	<b>23</b>	<b>3</b>	<b>5</b>	<b>45</b>	<b>20</b>	<b>96</b>	<b>0.093</b>
36246 Ref	<i>Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family</i>	5.27	33	3	5	45	20	106	0.088
52235 MPC	<i>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)</i>	5.44	19	5	5	45	20	94	0.0981
36223 Ref	<i>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</i>	6.00	40	3	5	45	30	123	0.096
<b>36217 Surveyed</b>	<b><i>Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family</i></b>	<b>6.29</b>	<b>23</b>	<b>3</b>	<b>5</b>	<b>50</b>	<b>20</b>	<b>101</b>	<b>0.104</b>
36247 Ref	<i>Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family</i>	6.29	33	3	5	60	30	131	0.080

52352 MPC	<i>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)</i>	6.75	33	5	15	45	20	118	0.1184
36254 Ref	<i>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</i>	8.15	33	3	5	68	30	139	0.098

### **Conclusion**

A multi-disciplinary survey of CPT 36216 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, two MPC codes, and across the selective catheter placement family, we believe that the current work RVU value of 5.27 appropriately ranks CPT 36216 relative to other services.

### **SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

### **FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36216

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.

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
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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 diagnostic radiology	Frequency 1 100	Percentage 21.20 %
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Do many physicians perform this service across the United States? Yes

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.

## Procedures

## Major procedure

Cardiovascular-Other

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 36216

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: 36217      Tracking Number

Original Specialty Recommended RVU: **6.29**  
Presented Recommended RVU: **6.29**  
RUC Recommended RVU: **6.29**

Global Period: 000

CPT Descriptor: Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: Selective catheterization of the right brachial artery to evaluate digital ischemia in a 44-year-old female (eg., vasculitis, atherosclerosis, trauma, thromboembolism, vascular malformation).

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: Pertinent medical information including labs and imaging is reviewed. A targeted H&P is performed. The proposed procedure is discussed with the patient and family and consent is obtained and documented. The patient is transported to the procedure room and placed supine on the procedure table.

Description of Intra-Service Work: The right common femoral artery access and sheath placement are performed. Wire and catheter are advanced into the brachiocephalic artery. Diagnostic arteriography is performed to assess for subclavian artery pathology. Using a wire, the diagnostic catheter is then advanced into the right subclavian artery and diagnostic angiography is performed to assess for right axillary and brachial artery pathology. Using a wire, the catheter is then advanced into the right brachial artery for subselective detailed angiography of the distal brachial artery, forearm, and hand. The catheter and sheath are removed, and hemostasis is obtained with manual compression, or by a closure device.

Description of Post-Service Work: Sterile dressing is applied. Appropriate care orders are entered in the electronic medical record. The procedure is documented in the chart. The patient is transferred from the procedure table to the recovery area and monitored for 4 hours. The procedure outcome is discussed with the patient and family. The patient is discharged home with follow up care instructions.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Zeke Silva, MD, Kurt Schoppe, MD, Matthew Sideman, MD and Francesco Aiello, MD				
<b>Specialty(s):</b>	SIR, SVS, ACR				
<b>CPT Code:</b>	36217				
<b>Sample Size:</b>	2289	<b>Resp N:</b>	87	<b>Response:</b>	3.8 %
<b>Description of Sample:</b>	random selection from each society's US, MD/DO, active membership database				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	5.00	10.00	18.00	1000.00
<b>Survey RVW:</b>	5.50	6.30	6.50	7.75	9.50
<b>Pre-Service Evaluation Time:</b>			45.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			10.00		
<b>Intra-Service Time:</b>	10.00	35.00	50.00	60.00	90.00
<b>Immediate Post Service-Time:</b>	<b>20.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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)

<b>CPT Code:</b>	36217	<b>Recommended Physician Work RVU: 6.29</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	23.00	33.00	-10.00	
<b>Pre-Service Positioning Time:</b>	3.00	1.00	2.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	5.00	5.00	0.00	
<b>Intra-Service Time:</b>	60.00			
Please, pick the <u>post</u> -service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
8B IV Sedation/Complex Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	28.00	-8.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36254	000	8.15	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; bilateral

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52235	000	5.44	RUC Time	32,000

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)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52352	000	6.75	RUC Time	22,192

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 51      % of respondents: 58.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 21      % of respondents: 24.1 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>36217</u>	Top Key Reference CPT Code: <u>36247</u>	2nd Key Reference CPT Code: <u>36254</u>
Median Pre-Service Time	31.00	41.00	41.00
Median Intra-Service Time	60.00	60.00	68.00
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
<b>Median Total Time</b>	<b>111.00</b>	<b>131.00</b>	<b>139.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.25	0.48
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.22	0.48
Urgency of medical decision making	0.24	0.43
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.29	0.52
Physical effort required	0.20	0.29

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.59	0.67
Outcome depends on the skill and judgment of physician	0.31	0.62
Estimated risk of malpractice suit with poor outcome	0.67	0.81

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.49	0.62
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT Code 36215 was identified in this CMS screen. The specialties identified 36216-8 as part of this selective catheter placement family.

**Global Period Change**

The multi specialty group (SIR, ACR, RPA, SVS) requested a global period change for CPT Codes 36215, 36216 and 36217 from XXX to 000. The societies argued that it was important to have the global periods line up with other similar services (i.e. 36246, 36247, 36200). CMS approved the request.

**Moderate Sedation**

Moderate sedation will be reported separately, with the new moderate sedation codes (when CMS approves them). These codes are not currently included on Appendix G.

**Methodology**

The utilization for these services, require a minimum of 30 completed RUC surveys. A survey was distributed randomly to the members of the representative societies. Note that RPA only surveyed code 36215. The societies exceeded the minimum requirement for the number of surveys (80-113). A multi-disciplinary expert panel including SVS, SIR, ACR and RPA was convened. The survey data were reviewed by the multi-specialty expert panel and the following recommendations are being made.

**Pre- and Post-Service Time Packages**

We recommend the follow adjustments to the pre-time packages:

1. Evaluation: For facility based codes 36216 and 36217, we removed the 10 minutes from evaluation time for "Administer moderate sedation/observe (wait) anesthesia care".

2. Positioning: For codes 36215, 36216, and 36217, we recommend an additional 2 minutes of positioning time to account for positioning the patient supine and orienting the patient, imaging equipment, and lines/catheters to allow for access to the puncture site.
3. Scrub, dress, and wait: For code 36215, we recommend an additional 5 minutes for “Dress and scrub for procedure”. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

### **Work RVU Recommendation for 36217**

We are recommending maintaining the current work RVU value of 6.29, lower than the 25<sup>th</sup> percentile.

### **Pre- and Post-Service Time Packages**

The current Medicare utilization indicates this procedure is typically performed in the inpatient setting. As such, we are recommending pre-time package 2b – facility based Difficult Patient/Straightforward Procedure (With sedation/anesthesia care).

We are recommending post-time package 8b IV Sedation/ Complex Procedure.

### **Billed Together**

CPT Code 36217 is not typically reported with other procedures. An S&I code is typically reported on the same day (i.e. 75710).

### **Comparison with Key Reference Services**

The key reference codes chosen by the majority of the survey respondents were CPT Code 36247 *Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family* and CPT Code 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.*

The expert panel believes the increased complexity for the surveyed code recommendation is appropriate and due to stroke risk/upper extremity ischemic complication which are more debilitating than lower extremity/possibly and technically more difficult.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
36217	6.29	0.087	101	23	3	5	60	20
36247	6.29	0.080	131	33	3	5	60	30
36254	8.15	0.098	139	33	3	5	68	30

### **Comparison to MPC codes**

CPT Code 36217 ranks appropriately between two MPC codes with similar intra-service times and intensities. CPT Code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* and 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included).*

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
52235	5.44	0.098	94	19	5	5	45	20

MPC								
36217 Survey	6.29	0.104	101	23	3	5	50	20
52352 MPC	6.75	0.118	118	33	5	15	45	20

**Relativity**

CPT Code	Descriptor	Work RVU	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	Total Time	IWPUT
52224 MPC	<i>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy</i>	4.05	19	5	5	30	20	79	0.1008
<b>36215 Surveyed</b>	<b><i>Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family</i></b>	<b>4.67</b>	<b>17</b>	<b>3</b>	<b>5</b>	<b>30</b>	<b>20</b>	<b>75</b>	<b>0.124</b>
37191 MPC	<i>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</i>	4.71	30	3	5	30	15	83	0.1198
<b>36216 Surveyed</b>	<b><i>Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family</i></b>	<b>5.27</b>	<b>23</b>	<b>3</b>	<b>5</b>	<b>45</b>	<b>20</b>	<b>96</b>	<b>0.093</b>
36246 Ref	<i>Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family</i>	5.27	33	3	5	45	20	106	0.088
52235 MPC	<i>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)</i>	5.44	19	5	5	45	20	94	0.0981
36223 Ref	<i>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</i>	6.00	40	3	5	45	30	123	0.096
<b>36217 Surveyed</b>	<b><i>Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family</i></b>	<b>6.29</b>	<b>23</b>	<b>3</b>	<b>5</b>	<b>50</b>	<b>20</b>	<b>101</b>	<b>0.104</b>
36247 Ref	<i>Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch,</i>	6.29	33	3	5	60	30	131	0.080

CPT Code: 36217									
	<i>within a vascular family</i>								
52352 MPC	<i>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)</i>	6.75	33	5	15	45	20	118	0.1184
36254 Ref	<i>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</i>	8.15	33	3	5	68	30	139	0.098

### **Conclusion**

A multi-disciplinary survey of CPT 36217 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, two MPC codes, and across the selective catheter placement family, we believe that the current work RVU value of 6.29 appropriately ranks CPT 36217 relative to other services.

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### **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.

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### **FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36217

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? Sometimes

Specialty vascular surgery                      How often? Sometimes

Specialty diagnostic radiology                      How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,705

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 interventional radiology	Frequency 700	Percentage 14.87 %
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Specialty vascular surgery	Frequency 1000	Percentage 21.25 %
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Specialty diagnostic radiology	Frequency 1500	Percentage 31.88 %
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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 36217

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:36218

Tracking Number

Original Specialty Recommended RVU: **1.01**Presented Recommended RVU: **1.01**

Global Period: ZZZ

RUC Recommended RVU: **1.01**

CPT Descriptor: Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: Following subselective catheterization of the radial artery, the catheter is drawn back and the ulnar artery is then selectively catheterized to evaluate digital ischemia in a 44-year-old female (eg, vasculitis, atherosclerosis, trauma, thromboembolism, vascular malformation).

Percentage of Survey Respondents who found Vignette to be Typical: 94%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

**Description of Pre-Service Work:**

Description of Intra-Service Work: Following subselective catheterization of the radial artery, the catheter is drawn back and roadmap angiogram is performed. A wire is inserted and the ulnar artery is then selectively catheterized. After test injection ensuring no spasm, additional subselective angiography of the forearm and hand is performed. The catheter is safely removed.

**Description of Post-Service Work:**

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Michael Hall, MD, Jerry Niedzwiecki, MD, Curtis Anderson, MD, Zeke Silva, MD, Kurt Schoppe, MD, Matthew Sideman, MD and Francesco Aiello, MD				
<b>Specialty(s):</b>	SIR, SVS, ACR				
<b>CPT Code:</b>	36218				
<b>Sample Size:</b>	2289	<b>Resp N:</b>	80	<b>Response:</b> 3.4 %	
<b>Description of Sample:</b>	random selection from each society's US, MD/DO, active membership database				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75th pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	1.00	3.00	5.00	10.00	500.00
<b>Survey RVW:</b>	1.00	2.09	2.18	3.00	8.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	10.00	15.00	30.00	56.00	120.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	36218	<b>Recommended Physician Work RVU: 1.01</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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
36227	ZZZ	2.09	RUC Time

CPT Descriptor 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)

**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
64484	ZZZ	1.00	RUC Time	464,621

CPT Descriptor 1 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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	RUC Time	25,209

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
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 60      % of respondents: 75.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 12.5 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>36218</u>	Top Key Reference CPT Code: <u>36227</u>	2nd Key Reference CPT Code: <u>37239</u>
Median Pre-Service Time	0.00	0.00	1.00
Median Intra-Service Time	15.00	15.00	30.00
Median Immediate Post-service Time	0.00	0.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>15.00</b>	<b>15.00</b>	<b>32.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
--	-----------------------------	--

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.49	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.26	0.90
Urgency of medical decision making	0.41	1.00

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.48	1.00
Physical effort required	0.28	1.10

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.56	1.10
Outcome depends on the skill and judgment of physician	0.46	1.10
Estimated risk of malpractice suit with poor outcome	0.59	0.80

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.69	1.30
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT Code 36215 was identified in this CMS screen. The specialties identified 36216-8 as part of this selective catheter placement family.

**Global Period Change**

The multi specialty group (SIR, ACR, RPA, SVS) requested a global period change for CPT Codes 36215, 36216 and 36217 from XXX to 000. The societies argued that it was important to have the global periods line up with other similar services (i.e. 36246, 36247, 36200). CMS approved the request.

**Moderate Sedation**

Moderate sedation will be reported separately, with the new moderate sedation codes (when CMS approves them). These codes are not currently included on Appendix G.

**Methodology**

The utilization for these services, require a minimum of 30 completed RUC surveys. A survey was distributed randomly to the members of the representative societies. Note that RPA only surveyed code 36215. The societies exceeded the minimum requirement for the number of surveys (80-113). A multi-disciplinary expert panel including SVS, SIR, ACR and RPA was convened. The survey data were reviewed by the multi-specialty expert panel and the following recommendations are being made.

**Pre- and Post-Service Time Packages**

We recommend the follow adjustments to the pre-time packages:

1. **Evaluation:** For facility based codes 36216 and 36217, we removed the 10 minutes from evaluation time for “*Administer moderate sedation/observe (wait) anesthesia care*”.
2. **Positioning:** For codes 36215, 36216, and 36217, we recommend an additional 2 minutes of positioning time to account for positioning the patient supine and orienting the patient, imaging equipment, and lines/catheters to allow for access to the puncture site.
3. **Scrub, dress, and wait:** For code 36215, we recommend an additional 5 minutes for “Dress and scrub for procedure”. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

### **Work RVU Recommendation for 36218**

The expert panel strongly believes in the RUC survey process. The panel also believes the survey respondents accurately report increased time and rvu from current. However the expert panel cannot account for the increase in time to 30 min and cannot create a credible compelling evidence argument. The panel agrees that 15 minutes (the 25<sup>th</sup> percentile) of time is more appropriate for the services described by this procedure. As such, the panel is recommending the 25<sup>th</sup> percentile of time 15 minutes of intra-service time and the current value.

### **Pre- and Post-Service Time Packages**

This service is an add-on service. We are not recommending pre or post time.

### **Billed Together**

CPT Code 36218 is an add-on code. It would typically be reported with CPT Code 36217.

### **Comparison with Key Reference Services**

The key reference codes chosen by the majority of the survey respondents were CPT Code 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)* and 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 (List separately in addition to code for primary procedure)*.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
36218	1.01	0.067	15				15	
36227	2.09	0.139	15				15	
37239	2.97	0.098	32	1			30	1

### **Comparison to MPC codes**

CPT Code 36218 ranks appropriately between two MPC codes with similar intra-service times and intensities. CPT Code 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)* and CPT 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)*.

CPT	RVW	IWPUT	Total	Eval	Posit	SDW	INTRA	IM-post
-----	-----	-------	-------	------	-------	-----	-------	---------

			<b>Time</b>					
64484 MPC	1.00		12	1			10	1
36218 Survey	1.01		15				15	
64480 MPC	1.20		15				15	

### **Relativity**

<b>CPT Code</b>	<b>Descriptor</b>	<b>Work RVU</b>	<b>PreEval Time</b>	<b>Intra Time</b>	<b>Post Time</b>	<b>Total Time</b>	<b>IWPUT</b>
64484 MPC	<i>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)</i>	1.00	0	10	0	10	0
<b>36218 Surveyed</b>	<b><i>Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)</i></b>	<b>1.01</b>		<b>15</b>			<b>0.067</b>
64480 MPC	<i>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)</i>	1.20	0	15	0	15	0
36227 RefCode	<i>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)</i>	2.09	0	15	0	15	0.139
37239 RefCode	<i>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)</i>	2.97	1	30	1	32	0.098

### **Conclusion**

A multi-disciplinary survey of CPT 36218 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, two MPC codes, and across the

selective catheter placement family, we believe that the current work RVU value of 1.01 appropriately ranks CPT 36218 relative to other services.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain) (Use 36218 in conjunction with 36216, 36217, 36225, 36226)

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) 36218

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? Rarely

Specialty vascular surgery How often? Rarely

Specialty diagnostic radiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,077  
 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 interventional radiology	Frequency 250	Percentage 23.21 %
------------------------------------	---------------	--------------------



Specialty vascular surgery	Frequency 100	Percentage 9.28 %
Specialty diagnostic radiology	Frequency 450	Percentage 41.78 %

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 36218

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: 23**

<b>1stRef</b>	<b>36227</b>	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)	60	0.139		2.09		15			15						
<b>2ndRef</b>	<b>37239</b>	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)	10	0.098		2.97		32	1		30		1				
<b>CURRENT</b>	<b>36218</b>	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)		--		1.01		14			14						
<b>SVY</b>	<b>36218</b>	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	80	0.073	1.00 2.09	2.18	3.00 8.00	30			10 15	30	56 120		1 3	5	10 500
<b>REC</b>				0.067		1.01		15			15						

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31  
32  
33  
34  
38

Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs, 31/CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Ezequiel Silva III, MD, FACR  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

#12

#23

**Tab Number**

Fine Needle Aspiration  
Selective Catheter Placement

**Issue**

10021 & 10022


36215-36218

**Code Range**

### **Attestation Statement**

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Signature

**Michael Hall, MD**

Printed Signature

**The Society of Interventional Radiology (SIR)**

Specialty Society

**April 1, 2016**

Date

#18 and #23  
**Tab Number**

Strapping Multi-Layer Compression  
Selective Catheter Placement  
**Issue**

29580 & 29581  
36215-36218  
**Code Range**

### **Attestation Statement**

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\_\_\_\_\_  
**Signature**

Matthew Sideman, MD  
**Printed Signature**

The Society for Vascular Surgery (SVS)  
**Specialty Society**

April 4, 2016  
**Date**

7  
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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs,  
CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
CT Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
Code Range

### Attestation Statement

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Signature

Kurt A. Schoppe, MD  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

23  
Tab Number

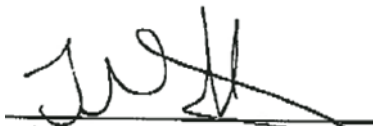
Selective Catheter Placement  
Issue

36215  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



---

Signature

Jeff Giullian, M.D.

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Printed Signature

**Renal Physicians Association**

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Specialty Society

**December 15, 2015**

---

Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

**Global Period:** 000

**Meeting Date:** April 2016

*36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family*

*36216 Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family*

*36217 Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family*

**Global Period:** ZZZ

**Meeting Date:** April 2016

*36218 Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)*

---

**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

SIR, ACR, SVS and RPA convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this family of codes for selective catheter placement during angiography.

**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 4 codes surveyed in this family all have existing direct PE inputs. As such, we included the current inputs on the excel spreadsheet as a reference. We also included the direct PE inputs for the most typical S&I code reported with the codes. And finally, we included the pending/RUC approved direct PE inputs for the new Moderate Sedation codes.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

N/A

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

N/A



**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

- Conduct phone calls/call in prescriptions:  
*The post procedure phone call is used to inquire about possible complications from the procedure such as arterial access site complications or complications related to the target vessels selected during the procedure. Staff will inquire about any new signs or symptoms, answer any additional questions, and prescribe any needed medications such as anti-nausea or pain medications as needed.*

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

**Global Period:** 000

**Meeting Date:** April 2016

*36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family*

*36216 Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family*

*36217 Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family*

**Global Period:** ZZZ

**Meeting Date:** April 2016

*36218 Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)*

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**1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:**

SIR, ACR, SVS and RPA convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this family of codes for selective catheter placement during angiography.

**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 4 codes surveyed in this family all have existing direct PE inputs. As such, we included the current inputs on the excel spreadsheet as a reference. We also included the direct PE inputs for the most typical S&I code reported with the codes. And finally, we included the pending/RUC approved direct PE inputs for the new Moderate Sedation codes.

**3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

The Practice Expense Subcommittee has reviewed the pre-service staff times for codes with global periods of 0 and 10 days. **The RUC has agreed that 0 and 10 day codes are assumed to have no pre-service clinical staff time (standard of 0 minutes) unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate.** The RUC agreed that with evidence some subset of codes in the facility setting may require minimal use of clinical staff and has allocated 15 minutes when appropriate. The RUC agreed that with evidence some subset of codes may require

**CPT Code: 36215, 36216, 36217 and 36218**  
**Specialty Society('s): SIR, ACR, SVS and RPA**

extensive use of clinical staff and has allocated 18 minutes for the non-facility and 30 minutes for the facility when appropriate.

	NON FACILITY	NON FACILITY	NON FACILITY	FACILITY	FACILITY	FACILITY	FACILITY
Description of Clinical Activities - 000 and 010	Standard use of Clinical Staff	Extensive use of Clinical Staff	Standard use of Clinical Staff for Endoscopy	Standard use of Clinical Staff for Endoscopy	Standard use of Clinical Staff	Minimal use of Clinical Staff	Extensive use of Clinical Staff
Complete pre-service diagnostic and referral forms	0	5	0	3	0	3	5
Coordinate pre-service surgery services	0	3	0	5	0	3	10
Schedule space and equipment in facility	0	0	0	3	0	3	5
Provide pre-service education/obtain consent	0	7	0	5	0	3	7
Follow-up phone call and prescriptions	0	3	0	3	0	3	3
Other Clinical Activity	0	0	0	0	0	0	0
TOTAL	0	18	0	19	0	15	30

We are recommending facility minimal use of clinical staff for CPT codes 36216 & 36217:

Complete pre-service diagnostic & referral forms	3
Coordinate pre-surgery services	3
Schedule space and equipment in facility	3
Provide pre-service education/obtain consent	*
Follow-up phone calls & prescriptions	3

We need this time to review patient information, obtain prior imaging and clinical records, and ensure proper laboratory tests have been obtained prior to scheduling the procedure (total of 6 minutes). Staff must coordinate with referring clinical services to schedule and allocate space and equipment as well as ensure appropriate staff availability (3 minutes). After scheduling and resource allocation, staff must inform referring clinical services of the scheduled procedure, ensure appropriate clinical preparations are initiated (such as NPO status, etc) and prepare standard post-procedure recommendations/prescriptions and patient recovery space (3 minutes). Performing these tasks will require 12 minutes of staff time.

*\*We have included time in the service period for pre-service education/obtain consent. As such, we have not included it in the pre-service period.*

**4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

Pre Time

Availability of prior images confirmed (2 min): Added. Typically performed.

Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist (2 min): Added. Typically performed.

Service Period

Circulator: Added the circulator to account for the typical interventional model. We did not include the angio tech at 75% to assist with image acquisition as this time would be captured in the S&I code.

Post Procedure Monitoring Time: These are arterial studies, which require 4 hours post procedure monitoring. Since 1 hour of recovery will be captured in the new moderate sedation codes, we have included 3 hours of post procedure monitoring in these codes.

Technologist QC's images in PACS, checking for all images, reformats, and dose page: Added. Typically performed.

Review examination with interpreting MD: Added. Typically performed.

Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue: Added. Typically performed.

### Supplies

We have included the following supply items, that were not in the original inputs:

- Kit, guidewire introducer (Micro-Stick) SA016
- Syringe 10-12ml SC051
- Syringe 20ml SC053
- Syringe 5-6ml SC057
- Sodium chloride SH069
- Mask, surgical SB033
- Suture device for vessel closure (Perclose A-T) SD207

Although the procedure has not significantly changed, experience with the supplies needed in the nonfacility setting has improved. Usage of micropuncture technique for arterial access has become standard of care. Additional syringes and saline flush are necessary to prevent complications related to working above the diaphragm (complications such as embolic stroke). A surgical mask (without face shield) was added for the RN in the Angio Room, which is a requirement for sterile conditions in an OR setting. In the nonfacility setting, access site related complications are more of a concern, and therefore use of a closure device has become more typical than manual pressure for hemostasis.

For clarification, the third order selection of an artery requires selecting the parent vessel with a larger catheter (SIM2F1) SD148 followed by superselection of the smaller branch artery using the microcatheter (selective 3rd order) SD154 which passes through the parent catheter. A microcatheter alone cannot be used to select a large parent branch of the aorta and the larger catheter cannot be used to select small branches itself.

### Equipment

Based on the CMS definition of highly technical equipment, we believe CMS will classify the **angio room** as highly technical. As such, we included the following standard clinical labor tasks in the calculation of time allocated to the **angio room**:

- Prepare room, equipment, supplies
- Prepare and position patient
- Assist physician in performing procedure and/or Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page

**CPT Code:** 36215, 36216, 36217 and 36218  
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We included the entire service period for the **PACs** system minus the additional clinical staff time for subsequent clinical staff for assist physician and the post procedure monitoring time.

**5. Please describe in detail the clinical activities of your staff:**

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Phone calls and prescriptions
- Availability of prior images confirmed and reviewed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocol by radiologist

Intra-Service Clinical Labor Activities:

- Prepare room, equipment, supplies after consulting with MD
- 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
- Ensure proper patient position for use of angiography equipment
- Assist physician in performing procedure
- Assist physician with fluoro, contrast, supplies and image acquisition
- Monitor pt. following service/check tubes, monitors, drains (*not related to moderate sedation*)
- Clean room/equipment by physician staff
- Technologist archives and QC's images to/in PACS, checking for all images and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

- Conduct phone calls/call in prescriptions

AMA Specialty Society Recommendation

	A	B	C	F	G	H	I	J	K	L	M
1	*REVISED AT MEETING			CURRENT		RECOMMENDATIONS		CURRENT		RECOMMENDATIONS	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			36215				36216			
3	Meeting Date: April 2016 Tab: Selective Catheter Placement Specialty: Interventional Radiology, Nephrology, Vascular Surgery	CMS Code	Staff Type	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family				Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family			
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	000	000	XXX	XXX	000	000
6	TOTAL CLINICAL LABOR TIME			129	3	129	12	140	3	148	12
7	TOTAL PRE-SERV CLINICAL LABOR TIME			9	0	13	9	9	0	13	9
8	RN/LPN/MTA	L037D	RN/LPN/MTA	9		9	9	9		9	9
9	Radiologic Technologist	L041A	AngioTech			4				4	
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			117	0	113	0	128	0	132	0
11	RN/LPN/MTA	L037D	RN/LPN/MTA	45		74		45		78	
12	Radiologic Technologist	L041A	AngioTech	72		39		83		54	
13											
14	TOTAL POST-SERV CLINICAL LABOR TIME			3	3	3	3	3	3	3	3
15	RN/LPN/MTA	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3
16	PRE-SERVICE										
17	Start: Following visit when decision for surgery or procedure made										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3		3	3	3		3	3
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3		3		3		3	
20	Schedule space and equipment in facility						3				3
21	Provide pre-service education/obtain consent										
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3		3	3	3		3	3
23	Availability of prior images confirmed	L041A	AngioTech			2				2	
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L041A	AngioTech			2				2	
25	Other Clinical Activity - specify:										
26	End: When patient enters office/facility for surgery/procedure										
27	SERVICE PERIOD										
28	Start: When patient enters office/facility for surgery/procedure:										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	5		3		5		3	
30	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5		5	
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5		5	
32	Prepare room, equipment, supplies	L041A	AngioTech	4		2		4		2	

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4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	000	000	XXX	XXX	000	000
33	Setup scope (non facility setting only)										
34	Prepare and position patient/ monitor patient/ set up IV	L041A	AngioTech	2		2		2		2	
35	Sedate/apply anesthesia	L051A	RN	2				2			
36	Other Clinical Activity - specify:										
37	Intra-service										
38	Assist Physician	L051A	RN								
39	Assist Physician	L041A	AngioTech	61		30		72		45	
40	Image acquisition (75%)	L041A	AngioTech								
41	Circulator (25%)	L037D	RN/LPN/MTA			7				11	
42	Post-Service										
43	Monitor pt. following moderate sedation	L051A	RN	15				15			
44	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	L037D	RN/LPN/MTA	9		45		9		45	
45	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)										
46	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		3		3	
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions										
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	L041A	AngioTech			2				2	
53	Review examination with interpreting MD	L041A	AngioTech			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	L041A	AngioTech			1				1	
55	Other Clinical Activity - specify: Post-procedure doppler evaluation (extremity)	L037D	RN/LPN/MTA	3		3		3		3	
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										



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4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	000	000	XXX	XXX	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	3	3	3	3
63	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
69	Total Office Visit Time			0	0	0	0	0	0	0	0
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		1	
74	pack, moderate sedation	SA044	pack								
75	tray, shave prep	SA067	tray	1		1		1		1	
76	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1				1			
77	kit, guidewire introducer (Micro-Stick)	SA016	kit			1				1	
78	cap, surgical	SB001	item	2		3		2		3	
79	drape, sterile, c-arm, fluoro	SB008	item			1				1	
80	drape, sterile, femoral	SB009	item	1		1		1		1	
81	drape-towel, sterile 18in x 26in	SB019	item	4		2		4		2	
82	gloves, sterile	SB024	item	1		2		1		2	
83	gown, surgical, sterile	SB028	item	1		2		1		2	
84	mask, surgical, with face shield	SB034	item	2		2		2		2	
85	mask, surgical	SB033	item			1				1	
86	shoe covers, surgical	SB039	item	2		3		2		3	
87	underpad 2ft x 3ft (Chux)	SB044	item	1		1		1		1	
88	catheter, angiographic, pig-tail	SC008	item	1		1		1		1	
89	closed flush system, angiography	SC010	item	1		1		1		1	
90	syringe 10-12ml	SC051	item			2				2	
91	syringe 20ml	SC053	item			2				2	
92	syringe 5-6ml	SC057	item								
93	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2		2	
94	guidewire, hydrophilic	SD089	item	1		1		1		1	
95	vascular sheath	SD136	item			1				1	
96	catheter, (Glide)	SD147	item								
97	catheter, (SIM2F1)	SD148	item	1		1		1		1	
98	catheter, curved	SD153	item								

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4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	000	000	XXX	XXX	000	000
99	catheter, microcatheter (selective 3rd order)	SD154	item								
100	guidewire, cerebral (Bentson)	SD172	item	1		1		1		1	
101	guidewire, steerable (Transcend)	SD175	item								
102	suture device for vessel closure (Perclose A-T)	SD207	item			1				1	
103	blade, surgical (Bard-Parker)	SF007	item	1		1		1		1	
104	applicator, sponge-tipped	SG009	item	4		4		4		4	
105	gauze, sterile 4in x 4in	SG055	item	2		6		2		6	
106	steri-strip (6 strip uou)	SG074	item	1				1			
107	tape, surgical paper 1in (Micropore)	SG079	inch	6		12		6		12	
108	heparin 1,000 units-ml inj	SH039	ML	5		5		5		5	
109	lidocaine 1%-2% inj (Xylocaine)	SH047	ML	10		10		10		10	
110	sodium chloride 0.9% flush syringe	SH065	item	2				2			
111	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item			1				1	
112	povidone soln (Betadine)	SJ041	ML	60		60		60		60	
113	disinfectant, surface (Envirocide, Sanizide)	SM013	oz								
114											
115	EQUIPMENT	CODE									
116	room, angiography	EL011		93		39		104		54	
117	light, exam	EQ168		240		0		240		0	
118	stretcher chair	EF019		240		0		240		0	
119	PACS Workstation Proxy	ED050				61				76	
120	table, instrument, mobile	EF027				180				180	
121	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011				180				180	
122	IV infusion pump	EQ032				180				180	
123	stretcher	EF018				180				180	

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	A	B	C	N	O	P	Q	R	S	T	U
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4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	000	000	ZZZ	ZZZ	ZZZ	ZZZ
6	TOTAL CLINICAL LABOR TIME			154	3	164	12	14	0	19	3
7	TOTAL PRE-SERV CLINICAL LABOR TIME			9	0	13	9	0	0	0	0
8	RN/LPN/MTA	L037D	RN/LPN/MTA	9		9	9			0	
9	Radiologic Technologist	L041A	AngioTech			4				0	
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			142	0	148	0	14	0	19	0
11	RN/LPN/MTA	L037D	RN/LPN/MTA	45		79				4	
12	Radiologic Technologist	L041A	AngioTech	97		69		14		15	
13											
14	TOTAL POST-SERV CLINICAL LABOR TIME			3	3	3	3	0	0	0	3
15	RN/LPN/MTA	L037D	RN/LPN/MTA	3	3	3	3			0	3
16	PRE-SERVICE										
17	Start: Following visit when decision for surgery or procedure made										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3		3	3				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3		3					
20	Schedule space and equipment in facility						3				
21	Provide pre-service education/obtain consent										
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3		3	3				
23	Availability of prior images confirmed	L041A	AngioTech			2					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L041A	AngioTech			2					
25	Other Clinical Activity - specify:										
26	End: When patient enters office/facility for surgery/procedure										
27	SERVICE PERIOD										
28	Start: When patient enters office/facility for surgery/procedure:										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	5		3					
30	Obtain vital signs	L037D	RN/LPN/MTA	5		5					
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5					
32	Prepare room, equipment, supplies	L041A	AngioTech	4		2					

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3	<b>Meeting Date:</b> April 2016 <b>Tab:</b> Selective Catheter Placement <b>Specialty:</b> Interventional Radiology, Nephrology, Vascular Surgery	<b>CMS Code</b>	<b>Staff Type</b>	<i>Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family</i>				<i>Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)</i>			
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>000</b>	<b>000</b>	<b>ZZZ</b>	<b>ZZZ</b>	<b>ZZZ</b>	<b>ZZZ</b>
33	Setup scope (non facility setting only)										
34	Prepare and position patient/ monitor patient/ set up IV	L041A	AngioTech	2		2					
35	Sedate/apply anesthesia	L051A	RN	2							
36	Other Clinical Activity - specify:										
37	<b>Intra-service</b>										
38	Assist Physician	L051A	RN								
39	Assist Physician	L041A	AngioTech	86		60		14		15	
40	<i>Image acquisition (75%)</i>	L041A	AngioTech								
41	<i>Circulator (25%)</i>	L037D	RN/LPN/MTA			12				4	
42	<b>Post-Service</b>										
43	Monitor pt. following moderate sedation	L051A	RN	15							
44	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	L037D	RN/LPN/MTA	9		45					
45	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)										
46	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3					
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions										
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	L041A	AngioTech			2					
53	Review examination with interpreting MD	L041A	AngioTech			2					
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041A	AngioTech			1					
55	Other Clinical Activity - specify: <i>Post-procedure doppler evaluation (extremity)</i>	L037D	RN/LPN/MTA	3		3					
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	<b>End: Patient leaves office</b>										

AMA Specialty Society Recommendation

	A	B	C	N	O	P	Q	R	S	T	U
1	*REVISED AT MEETING			CURRENT		RECOMMENDATIONS		CURRENT		RECOMMENDATIONS	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			36217				36218			
3	Meeting Date: April 2016 Tab: Selective Catheter Placement Specialty: Interventional Radiology, Nephrology, Vascular Surgery	CMS Code	Staff Type	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family				Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)			
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	000	000	ZZZ	ZZZ	ZZZ	ZZZ
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				
63	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
69	Total Office Visit Time			0	0	0	0	0	0	0	0
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, moderate sedation	SA044	pack								
75	tray, shave prep	SA067	tray	1		1					
76	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1							
77	kit, guidewire introducer (Micro-Stick)	SA016	kit			1					
78	cap, surgical	SB001	item	2		3					
79	drape, sterile, c-arm, fluoro	SB008	item			1					
80	drape, sterile, femoral	SB009	item	1		1					
81	drape-towel, sterile 18in x 26in	SB019	item	4		2					
82	gloves, sterile	SB024	item	1		2					
83	gown, surgical, sterile	SB028	item	1		2					
84	mask, surgical, with face shield	SB034	item	2		2					
85	mask, surgical	SB033	item			1					
86	shoe covers, surgical	SB039	item	2		3					
87	underpad 2ft x 3ft (Chux)	SB044	item	1		1					
88	catheter, angiographic, pig-tail	SC008	item	1		1					
89	closed flush system, angiography	SC010	item	1		1					
90	syringe 10-12ml	SC051	item			2					
91	syringe 20ml	SC053	item			2					
92	syringe 5-6ml	SC057	item			2					
93	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2			
94	guidewire, hydrophilic	SD089	item	1		1					
95	vascular sheath	SD136	item			1					
96	catheter, (Glide)	SD147	item					1		1	
97	catheter, (SIM2F1)	SD148	item	1		1					
98	catheter, curved	SD153	item					1		1	

AMA Specialty Society Recommendation

	A	B	C	N	O	P	Q	R	S	T	U
1	*REVISED AT MEETING			CURRENT		RECOMMENDATIONS		CURRENT		RECOMMENDATIONS	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			36217				36218			
3	Meeting Date: April 2016 Tab: Selective Catheter Placement Specialty: Interventional Radiology, Nephrology, Vascular Surgery	CMS Code	Staff Type	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family				Selective catheter placement, arterial system; additional second order, third order, and beyond thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)			
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	000	000	ZZZ	ZZZ	ZZZ	ZZZ
99	catheter, microcatheter (selective 3rd order)	SD154	item	1		1					
100	guidewire, cerebral (Bentson)	SD172	item	1		1					
101	guidewire, steerable (Transcend)	SD175	item	1		1					
102	suture device for vessel closure (Perclose A-T)	SD207	item			1					
103	blade, surgical (Bard-Parker)	SF007	item	1		1					
104	applicator, sponge-tipped	SG009	item	4		4					
105	gauze, sterile 4in x 4in	SG055	item	2		6					
106	steri-strip (6 strip uou)	SG074	item	1							
107	tape, surgical paper 1in (Micropore)	SG079	inch	6		12					
108	heparin 1,000 units-ml inj	SH039	ML	5		5					
109	lidocaine 1%-2% inj (Xylocaine)	SH047	ML	10		10					
110	sodium chloride 0.9% flush syringe	SH065	item	2							
111	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item			1					
112	povidone soln (Betadine)	SJ041	ML	60		60					
113	disinfectant, surface (Envirocide, Sanizide)	SM013	oz								
114											
115	EQUIPMENT	CODE									
116	room, angiography	EL011		118		69		5		15	
117	light, exam	EQ168		240		0					
118	stretcher chair	EF019		240		0					
119	PACS Workstation Proxy	ED050				91				15	
120	table, instrument, mobile	EF027				180					
121	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011				180					
122	IV infusion pump	EQ032				180					
123	stretcher	EF018				180					



AMA Specialty Society Recommendation

	A	B	C	V	W	X	Y	Z	AA
1	<b>*REVISED AT MEETING</b>			<b>CURRENT</b>		<b>MODERATE SEDATION</b> <i>RUC Approved September 2015 - CMS Pending</i>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>75710</b>		<b>991X2X</b>		<b>991X5X</b>	
3	<b>Meeting Date:</b> April 2016 <b>Tab:</b> Selective Catheter Placement <b>Specialty:</b> Interventional Radiology, Nephrology, Vascular Surgery	<b>CMS Code</b>	<b>Staff Type</b>	<i>Angiography, extremity, unilateral, radiological supervision and interpretation</i>		<i>Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic</i>		<i>Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic</i>	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>ZZZ</b>	<b>ZZZ</b>	<b>XXX</b>	<b>XXX</b>	<b>ZZZ</b>	<b>ZZZ</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>			<b>95</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>			<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
8	<i>RN/LPN/MTA</i>	<i>L037D</i>	<i>RN/LPN/MTA</i>						
9	<i>Radiologic Technologist</i>	<i>L041A</i>	<i>AngioTech</i>	6					
10	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>			<b>89</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
11	<i>RN/LPN/MTA</i>	<i>L037D</i>	<i>RN/LPN/MTA</i>						
12	<i>Radiologic Technologist</i>	<i>L041A</i>	<i>AngioTech</i>	89					
13						2		0	
14	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
15	<i>RN/LPN/MTA</i>	<i>L037D</i>	<i>RN/LPN/MTA</i>						
16	<b>PRE-SERVICE</b>								
17	<b>Start: Following visit when decision for surgery or procedure made</b>								
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA						
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA						
20	Schedule space and equipment in facility								
21	Provide pre-service education/obtain consent								
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA						
23	Availability of prior images confirmed	L041A	AngioTech	3					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L041A	AngioTech	3					
25	Other Clinical Activity - <i>specify:</i>								
26	<b>End: When patient enters office/facility for surgery/procedure</b>								
27	<b>SERVICE PERIOD</b>								
28	<b>Start: When patient enters office/facility for surgery/procedure:</b>								
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA						
30	Obtain vital signs	L037D	RN/LPN/MTA						
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						
32	Prepare room, equipment, supplies	L041A	AngioTech	3					

AMA Specialty Society Recommendation

	A	B	C	V	W	X	Y	Z	AA
1	<b>*REVISED AT MEETING</b>			<b>CURRENT</b>		<b>MODERATE SEDATION</b> <i>RUC Approved September 2015 - CMS Pending</i>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>75710</b>		<b>991X2X</b>		<b>991X5X</b>	
3	Meeting Date: April 2016 Tab: Selective Catheter Placement Specialty: Interventional Radiology, Nephrology, Vascular Surgery	<b>CMS Code</b>	<b>Staff Type</b>	Angiography, extremity, unilateral, radiological supervision and interpretation		Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic		Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>ZZZ</b>	<b>ZZZ</b>	<b>XXX</b>	<b>XXX</b>	<b>ZZZ</b>	<b>ZZZ</b>
33	Setup scope (non facility setting only)								
34	Prepare and position patient/ monitor patient/ set up IV	L041A	AngioTech	3					
35	Sedate/apply anesthesia	L051A	RN			2			
36	Other Clinical Activity - specify:								
37	<b>Intra-service</b>								
38	Assist Physician	L051A	RN			15		15	
39	Assist Physician	L041A	AngioTech						
40	Image acquisition (75%)	L041A	AngioTech	73					
41	Circulator (25%)	L037D	RN/LPN/MTA						
42	<b>Post-Service</b>								
43	Monitor pt. following moderate sedation	L051A	RN			15			
44	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	L037D	RN/LPN/MTA						
45	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)								
46	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3					
47	Clean Scope								
48	Clean Surgical Instrument Package								
49	Complete diagnostic forms, lab & X-ray requisitions								
50	Review/read X-ray, lab, and pathology reports								
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA						
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041A	AngioTech	4					
53	Review examination with interpreting MD	L041A	AngioTech	2					
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041A	AngioTech	1					
55	Other Clinical Activity - specify: <i>Post-procedure doppler evaluation (extremity)</i>	L037D	RN/LPN/MTA						
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a	
59	<b>End: Patient leaves office</b>								



AMA Specialty Society Recommendation

	A	B	C	V	W	X	Y	Z	AA
1	<b>*REVISED AT MEETING</b>			<b>CURRENT</b>		<b>MODERATE SEDATION</b> <i>RUC Approved September 2015 - CMS Pending</i>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>75710</b>		<b>991X2X</b>		<b>991X5X</b>	
3	Meeting Date: April 2016 Tab: Selective Catheter Placement Specialty: Interventional Radiology, Nephrology, Vascular Surgery	<b>CMS Code</b>	<b>Staff Type</b>	Angiography, extremity, unilateral, radiological supervision and interpretation		Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic		Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>ZZZ</b>	<b>ZZZ</b>	<b>XXX</b>	<b>XXX</b>	<b>ZZZ</b>	<b>ZZZ</b>
60	<b>POST-SERVICE Period</b>								
61	<b>Start: Patient leaves office/facility</b>								
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA						
63	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
69	<b>Total Office Visit Time</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
70	Other Clinical Activity - specify:								
71	<b>End: with last office visit before end of global period</b>								
72	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>						
73	pack, minimum multi-specialty visit	SA048	pack						
74	pack, moderate sedation	SA044	pack			1			
75	tray, shave prep	SA067	tray						
76	kit, AccuStick II Introducer System with RO Marker	SA071	kit						
77	kit, guidewire introducer (Micro-Stick)	SA016	kit						
78	cap, surgical	SB001	item						
79	drape, sterile, c-arm, fluoro	SB008	item						
80	drape, sterile, femoral	SB009	item	1					
81	drape-towel, sterile 18in x 26in	SB019	item						
82	gloves, sterile	SB024	item						
83	gown, surgical, sterile	SB028	item						
84	mask, surgical, with face shield	SB034	item						
85	mask, surgical	SB033	item						
86	shoe covers, surgical	SB039	item						
87	underpad 2ft x 3ft (Chux)	SB044	item						
88	catheter, angiographic, pig-tail	SC008	item						
89	closed flush system, angiography	SC010	item						
90	syringe 10-12ml	SC051	item						
91	syringe 20ml	SC053	item						
92	syringe 5-6ml	SC057	item						
93	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item						
94	guidewire, hydrophilic	SD089	item						
95	vascular sheath	SD136	item						
96	catheter, (Glide)	SD147	item						
97	catheter, (SIM2F1)	SD148	item						
98	catheter, curved	SD153	item						

AMA Specialty Society Recommendation

	A	B	C	V	W	X	Y	Z	AA
1	<b>*REVISED AT MEETING</b>			<b>CURRENT</b>		<b>MODERATE SEDATION</b> <i>RUC Approved September 2015 - CMS Pending</i>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>75710</b>		<b>991X2X</b>		<b>991X5X</b>	
3	Meeting Date: April 2016 Tab: Selective Catheter Placement Specialty: Interventional Radiology, Nephrology, Vascular Surgery	<b>CMS Code</b>	<b>Staff Type</b>	Angiography, extremity, unilateral, radiological supervision and interpretation		Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic		Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>ZZZ</b>	<b>ZZZ</b>	<b>XXX</b>	<b>XXX</b>	<b>ZZZ</b>	<b>ZZZ</b>
99	<b>catheter, microcatheter (selective 3rd order)</b>	<b>SD154</b>	<b>item</b>						
100	guidewire, cerebral (Bentson)	SD172	item						
101	<b>guidewire, steerable (Transcend)</b>	<b>SD175</b>	<b>item</b>						
102	<b>suture device for vessel closure (Perclose A-T)</b>	<b>SD207</b>	<b>item</b>						
103	blade, surgical (Bard-Parker)	SF007	item						
104	applicator, sponge-tipped	SG009	item						
105	gauze, sterile 4in x 4in	SG055	item						
106	steri-strip (6 strip uou)	SG074	item						
107	tape, surgical paper 1in (Micropore)	SG079	inch						
108	heparin 1,000 units-ml inj	SH039	ML						
109	lidocaine 1%-2% inj (Xylocaine)	SH047	ML						
110	sodium chloride 0.9% flush syringe	SH065	item						
111	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item						
112	povidone soln (Betadine)	SJ041	ML						
113	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1					
114									
115	<b>EQUIPMENT</b>	<b>CODE</b>							
116	room, angiography	EL011		9					
117	light, exam	EQ168							
118	stretcher chair	EF019							
119	PACS Workstation Proxy	ED050		89					
120	table, instrument, mobile	EF027				77		15	
121	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011				77		15	
122	IV infusion pump	EQ032				77		15	
123	stretcher	EF018				77		15	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS Request – Final Rule for 2016\**

April 2016

**Therapeutic Apheresis**

CPT code 36516 was identified by Centers for Medicare and Medicaid Services (CMS) as potentially misvalued in the final rule for 2016. At the April 2016 RUC meeting, Therapeutic Apheresis code 36516 was discussed. During the discussion, the Renal Physicians Association and the College of American Pathologists indicated there is a concern that the service is misplaced within the CPT coding structure and this misplacement may have resulted in recent inaccuracy of coding. Specifically, the service is an extracorporeal therapy that is more akin to dialysis services (CPT codes 90935-90999) than to surgical procedures, and the code may need to reside in the 909XX series of codes within the CPT coding structure. The two specialties plan to submit a code change proposal to CPT that will address CPT code 36516 as well as any others in the coding family that may be impacted by a change. The specialty societies will submit a CCP for the September 2016 CPT meeting to address these concerns. **The RUC refers CPT code 36516 to the CPT Editorial Panel.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	000	Refer to CPT Sept 2016



COLLEGE of AMERICAN  
PATHOLOGISTS

April 1, 2016

Peter Smith, M.D.  
Chair, AMA RVS Update Committee  
American Medical Association  
515 North State Street  
Chicago, IL 60610

RE: Request for Referral of Therapeutic Apheresis Code 36516 to CPT

Dear Dr. Smith:

On behalf of the undersigned societies, we are contacting you with regard to the status of the therapeutic apheresis CPT code 36516 (Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion). CPT code 36516 appeared on the list of potentially misvalued codes as noted in the Medicare Fee Schedule final rule for 2016 published in the *Federal Register* on November 16, 2015.

While our organizations concur that there appears to be uncertainty within the Centers for Medicare and Medicaid Services (CMS) about the physician work as well as the direct and indirect practice expense inputs of code 36516, we have an overriding concern that the service is misplaced within the CPT coding structure. This misplacement may have resulted in recent inaccuracy of coding. RUC database Medicare claims data indicates specialty utilization that is inconsistent with our understanding of how this service is typically provided. Further research is necessary to understand the array of utilization. This service is an extracorporeal therapy that is more akin to dialysis services (CPT codes 90935-90999) than to surgical procedures, and therefore we believe that the code should reside in the 909XX series of codes. Accordingly, we are collaboratively requesting a postponement of the RUC survey process in order to resolve what we believe to be an outstanding CPT issue. We plan to submit a code change proposal to CPT that will address this code as well as any others in the coding family that may be impacted by a change.

As always, our organizations appreciate the scope of AMA's efforts in the area of physician reimbursement, and we look forward to future collaboration with the AMA whenever possible. Any questions or comments regarding this correspondence should be directed to RPA's Director of Public Policy, Rob Blaser, at 301-468-3515, or by email at [rblaser@renalmd.org](mailto:rblaser@renalmd.org) or to CAP's Assistant Director of Economic Affairs, Maurine Dennis, at 202-354-7136, or by email at [mdennis@cap.org](mailto:mdennis@cap.org).

Signatures

A handwritten signature in black ink, appearing to read "Rob Blaser", written over a horizontal line.

A handwritten signature in black ink, appearing to read "Maurine Dennis", written over a horizontal line.



Jeff Giullian, M.D.  
RPA RUC Advisor



Jonathan Myles, M.D.  
CAP RUC Advisor

CC: Chester Amedia, M.D.  
RPA CPT Advisor  
Ronald McLawhon, M.D.  
CAP CPT Advisor  
Sherry Smith

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
**\*CMS High Expenditure Procedures\***

April 2016

**Voiding Pressure Studies**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. The RUC commented that CPT code 51798 *Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging* should be removed from this screen because it has a work RVU of 0.00. In the Final Rule for 2016, CMS indicated that the work and practice expense (PE) for this service should be reviewed.

The PE Subcommittee and the RUC reviewed the direct PE inputs for CPT code 51798. A member questioned one of the supply items *paper, recording, roll (per foot)* SK060 and the specialty explained that this is a print out that the machine automatically does and that it is scanned into the electronic medical record. The following modifications were made:

- Removed 1 minute from line 21 *Greet patient, provide gowning, ensure appropriate medical records are available* as it is duplicative of the Evaluation and Management service typically performed on the same day.
- Removed 2 minutes from line 23 *Provide pre-service education/obtain consent* as it is duplicative of the Evaluation and Management service typically performed on the same day.
- Remove 3 minutes from line 43 *Other Clinical Activity - specify: Enter data in EMR* as entering information into the medical record is not typically allocated clinical staff time.
- The unit for supply item *paper, recording, roll (per foot)* SK060 was changed from item to foot.
- The equipment time calculation was modified to include the entire service period for both, the *table, power* EF031 and the *ultrasound, noninvasive bladder scanner w-cart* EQ255.

**The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	XXX	0.00 (PE Only)

Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

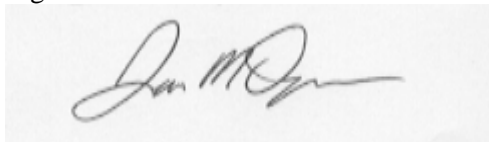
51798 and 52601  
Code Range

### 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

A handwritten signature in black ink, appearing to read "James Dupree", is written over a light gray rectangular background.

James Dupree, MD  
Printed Signature

American Urological Association  
Specialty Society

April 5, 2016  
Date



Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

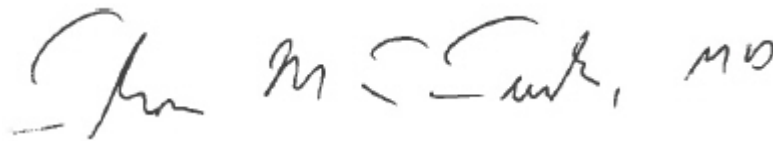
Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

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Code Range

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A handwritten signature in black ink, appearing to read "Thomas Turk, MD". The signature is fluid and cursive.

Signature

Thomas Turk, MD  
Printed Signature

American Urological Association  
Specialty Society

April 5, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

Global Period: XXX Meeting Date: April 26-30, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The recommendations were developed by a Panel consisting of six physicians who represents urologic practices from across the United States in single specialty groups in suburban and urban settings. They represent the states of Washington, Illinois, Florida and North Carolina. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes.  
Reference Code Rationale:

CPT code 51798 Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging was the reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

In reviewing the supplies listed in the RUC database, we recommend adding 2 sanitizing cloths to wipe the transmission jelly off of the patient's abdomen.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Greet and identify patient
- Ask patient to empty bladder completely in bathroom
- Provide preservice education
- Prepare equipment
- Have the patient disrobe to allow examination of pubic area

**CPT Code: 51798**

**Specialty Society('s) American Urological Association**

- Position the draped patient in a supine position on examination table
- Turn on the ultrasound machine and select gender-appropriate mode

Intra-Service Clinical Labor Activities:

- Palpate the abdominal area to identify the pubic bone
- Apply ultrasound jelly to suprapubic area
- Repeatedly scan the suprapubic area, typically three to six times

Post-Service Clinical Labor Activities:

- Observing the ultrasound machine, note the scan with the largest volume
- Print out the bladder image along with the volume of urine in milliliters (ml)
- Have physician document findings and sign
- Scan report into electronic medical record

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			CPT Code #		CPT Code 51798	
3	Meeting Date: April 26-30, 2016 Tab: 25 Specialty: Urology	CMS Code	Staff Type	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging		Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD					XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	30.0	0.0	17.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	7.0	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	L037D	RN/LPN/MTA	7			
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	L037D	RN/LPN/MTA	3			
22	Obtain vital signs						
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA			2	
27	Sedate/apply anesthesia						
28	Other Clinical Activity - specify:						
29	Intra-service						
30	Assist physician in performing procedure			15			
31	Assist physician/moderate sedation (% of physician time)						
32	Clinical staff performs procedure	L037D	RN/LPN/MTA			10	
33	Post-Service						
34	Monitor pt. following moderate sedation						
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)						
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)						
37	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3	
38	Clean Scope						
39	Clean Surgical Instrument Package						
40	Complete diagnostic forms, lab & X-ray requisitions						
41	Review/read X-ray, lab, and pathology reports						
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
43	Other Clinical Activity - specify: Enter data in EMR	L037D	RN/LPN/MTA				
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
47	End: Patient leaves office						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			CPT Code #		CPT Code 51798	
3	Meeting Date: April 26-30, 2016 Tab: 25 Specialty: Urology	CMS Code	Staff Type	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging		Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD					XXX	XXX
48	POST-SERVICE Period						
49	Start: Patient leaves office/facility						
50	Conduct phone calls/call in prescriptions						
51	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
52	99211 16 minutes		16				
53	99212 27 minutes		27				
54	99213 36 minutes		36				
55	99214 53 minutes		53				
56	99215 63 minutes		63				
57	Total Office Visit Time			0.0	0.0	0.0	0.0
58	Other Clinical Activity - specify:						
59	End: with last office visit before end of global period						
60	MEDICAL SUPPLIES*	CODE	UNIT				
61	pack, minimum multi-specialty visit	SA048	pack	1		1	
62	cover-condom, transducer or ultrasound probe	SB005	item	1		0	
63	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1	
64	ultrasound transmission gel	SJ062	ml	10		10	
65	paper, recording, roll (per foot)	SK060	foot	1		1	
66	disinfectant spray (Transeptic)	SM012	item	1		1	
67	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	1		1	
68	sanitizing cloth-wipe (patient)	SM021	item			2	
69	EQUIPMENT	CODE					
70	table, power	EF031		23		17	
71	ultrasound, noninvasive bladder scanner w-cart	EQ255		23		17	
72							
73							
74							

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*Site of Service Anomaly*

April 2016

**Transurethral Electrosurgical Resection of Prostate (TURP)**

In October 2015, CPT code 52601 was identified in which the Medicare data from 2011-2013 indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period.

***52601 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)***

The RUC reviewed the survey results from 97 urologists for CPT code 52601 and determined that the survey 25<sup>th</sup> percentile work RVU was too high compared to the key reference services. The RUC recommends cross-walking the survey code to CPT code 29828 *Arthroscopy, shoulder, surgical; biceps tenodesis* (work RVU = 13.16, intra-service time of 75 minutes and 252 minutes total time) because these services require the same physician work and intra-service time. The RUC recommends 33 minutes of pre-service evaluation time, 8 minutes of pre-service positioning, 10 minutes of pre-service scrub/dress/wait, 75 minutes intra-service time, 45 minutes of immediate post-service time, ½ day discharge management 99238 and two 99213 office visits. The top two key reference services 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56 and intra-service time of 120 minutes) and 55873 *Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)* (work RVU = 13.60 and intra-service time of 100 minutes) require significantly more intra-service time and more physician work. Therefore, the RUC determined the crosswalk to CPT code 29828 was appropriate.

The RUC noted that this service has shifted from the inpatient setting to primarily the outpatient hospital. The RUC confirmed that the immediate post-service time of 45 minutes appropriately accounts for the immediate care of the patient (25 minutes) as well as the post-operative care for the patient within the next 23 hours (20 minutes). As per CMS' policy for 23-hour stay hospital outpatient services, the 20 minutes is derived from the intra-service time of the post-operative hospital visit that is typically performed on the same day. The specialty society noted that approximately 65% of the survey respondents indicated that they performed a 99232 hospital visit and the RUC determined that the time should be captured in the immediate post-service time. The postoperative visit during the 23-hour stay includes conducting the post-operative pain assessment, hand irrigating the catheter, determining the need for continued catheter traction or continuous bladder irrigation and answering any questions from the patient.

For additional support, the RUC referenced similar service 58545 *Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less*; (work RVU = 12.29, intra-service time of 75 minutes and 226 minutes total time). **The RUC recommends a work RVU of 13.16 for CPT code 52601.**

**Practice Expense:**

A minor modification to delete 3 minutes for a telephone call on line 49 as it is duplicative of that associated with an Evaluation and Management service was made. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

**Work Neutrality**

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	090	13.16

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 52601	Tracking Number	Original Specialty Recommended RVU: <b>14.60</b>
		Presented Recommended RVU: <b>14.60</b>
Global Period: 090		RUC Recommended RVU: <b>13.16</b>

CPT Descriptor: Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78-year-old male presents with urinary retention and wears a urinary catheter. He has failed alpha-blocker and 5-alpha reductase inhibitor therapy. Digital rectal exam reveals a 65 gram prostate. The patient elects to have a TURP.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 92% , In the ASC 7%, In the office 1%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 8% , Overnight stay-less than 24 hours 66% , Overnight stay-more than 24 hours 26%

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 27%

#### Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 12%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 1%

Description of Pre-Service Work: Review the medical record including preoperative laboratory results. Write preoperative orders (to be sent or faxed to the hospital). Determine expected length of hospital stay and determine the need for preoperative anesthesia evaluation. Contact medical specialists, such as cardiologists, to confirm patient appropriateness and stability for planned surgical procedure. Review surgical procedure and postoperative recovery in and out of hospital with patient and /or family. Answer patient and / or family questions. Insure that the informed consent has been completed and is present in the medical record.

Change into scrubs. Speak with the Anesthesiologist about the length of the procedure and any special concerns about this particular patient (e.g. positioning, medical problems, expectations for postoperative management). Wash and disinfect hands, put on sterile surgical gown. Prepare the genitalia with standard prep solution and place sterile drapes. Inspect and assemble the endoscopic equipment, connect the video equipment (insure functioning light source, irrigation fluid, appropriate endoscopic lens and choose the resection loop/ device) and apply defogger to the lens and video camera. Connect the irrigation source, light sources and white balance. Position patient onto the endoscopic table and move into dorsal lithotomy position. Perform the initial time out / briefing with the surgical team. Wait for the Anesthesiologist to complete the induction of anesthesia.

Description of Intra-Service Work: Place lubrication jelly into the urethra. Perform the time out and insert the endoscope into the urethra.



If it is difficult to insert the endoscope into the urethral meatus it may be necessary to perform sequential dilations with graduated urethral sounds. Once the endoscope is in the urethra, inspect the fossa navicularis, anterior and posterior urethral lumen, and document the integrity of the external sphincter. Determine caliber of the urethral lumen prior to inserting the larger resectoscope. Inspect the prostatic urethral lumen for extent of lateral lobe coaptation, anatomy and length of visually obstructing prostatic tissue. Locate the verumontanum and prostatic utricle. Examine the bladder neck and determine the extent of elevation of the bladder neck and/ or protrusion of the median lobe of the prostate into the bladder lumen. Inspect the ureteral orifices to make certain that the resection of the median lobe will not injure the ureteral orifices. Check for efflux of urine from each ureter. Inspect the bladder wall for trabeculations, cellules, diverticula, stones or suspicious lesions. Assess bladder for capacity and compliance.

If using a flexible cystoscope then retroflex the scope to evaluate the bladder neck. If using a rigid scope, change lens to better evaluate the protrusion of the prostate. Drain the bladder and remove the cystoscope.

Re-examine the urethral meatus prior to passing the larger resectoscope. Repeat the dilation with graduated sounds or perform a meatotomy if required. Although infrequent, it may be necessary to perform an optical internal urethrotomy with another type of cystoscope to allow passage of the larger resectoscope in the presence of a urethral stricture. Pass the resectoscope into the bladder with either a blunt obturator or a visual obturator. Remove the obturator and insert the electrosurgical working element. Reconnect the light source, irrigation fluid, video camera, and electrical cords.

Repeat identification of the ureteral orifices. Begin the transurethral resection of the prostate with removal of the median lobe taking care to not injure the bladder neck. Resect the coapting lateral lobe tissue to the level of the compressed prostatic capsule and cauterize all bleeding vessels. Carefully resect the anterior prostatic tissue so as not to injure the urinary sphincter. Resect apical tissue that is adjacent to the verumontanum. Stop the procedure at various intervals to irrigate out blood clots and prostatic tissue with the Ellik evacuator. Complete the resection and insure hemostasis. It may be necessary to change from the resection loop electrode to a roller ball electrode in order to cauterize the prostatic fossa for control of bleeding.

Once the procedure has been completed remove the resectoscope, disconnect the video camera, light source and irrigation. Insert a lubricated 3- way foley catheter into the bladder, inflate the balloon to 30 ml, hand irrigate the catheter to insure adequate drainage of the bladder without obstruction from blood clots and connect the saline irrigation to the instillation port of the catheter. It is often necessary to insert the 3- way foley catheter with a metal catheter guide. This increases the complexity of the procedure and the catheter guide must be inserted carefully and then removed once the catheter is safely in the bladder. Place the foley catheter on traction to minimize bleeding from the resected prostatic fossa. Perform the postoperative final time out / debriefing with the surgical and anesthesia teams.

Description of Post-Service Work: Remove the surgical drapes and return the patient to supine position. Secure the foley catheter. Confirm that the catheter is draining adequately. Hand irrigate the catheter again if needed. Wait for the Anesthesiologist to awaken the patient. Transfer the patient off of the operating table to a stretcher. Accompany the patient to the recovery area and assist in moving the patient to the recovery area bed. Review the procedure and expected care with the recovery room nursing staff. Meet with the patient's family and discuss the procedure, the expected outcome, planned postoperative care in the hospital, and expected outpatient follow up. Discuss the procedure with the patient in the recovery room when awake. Conduct a postoperative pain assessment and insure that the catheter is draining well. Prepare the postoperative orders and operative reports. Assess laboratory tests such as serum sodium or hemoglobin. Contact the referring physician regarding the outcome of the procedure and organize any unusual aspects of the postoperative care (cardiac disease, diabetes management).

Facility (after discharge from the Recovery area): examine the patient and assess any postoperative laboratory test results. Conduct postoperative pain assessment and hand irrigate the catheter to remove any accumulated blood clots. Determine the need for continued catheter traction or continuous bladder irrigation. Review patient hospital medical record notes (such as nursing, pharmacy and discharge planning). Answer patient and family questions. Answer nursing questions. Write any additional orders. Prepare a progress note for the medical record.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Thomas Turk, MD and James Dupree, MD				
<b>Specialty(s):</b>	Urology				
<b>CPT Code:</b>	52601				
<b>Sample Size:</b>	6000	<b>Resp N:</b>	97	<b>Response:</b>	1.6 %
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	12.00	<b>20.00</b>	30.00	200.00
<b>Survey RVW:</b>	1.50	14.46	<b>14.60</b>	15.50	22.00
<b>Pre-Service Evaluation Time:</b>			<b>45.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>10.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>10.00</b>		
<b>Intra-Service Time:</b>	45.00	60.00	<b>75.00</b>	90.00	120.00
<b>Immediate Post Service-Time:</b>	<b>25.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>40.00</b>	99231x 0.00 99232x 1.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>38.00</b>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>46.00</b>	99211x 0.00 12x 0.00 13x 2.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	52601	<b>Recommended Physician Work RVU: 13.16</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>33.00</b>	<b>33.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>8.00</b>	<b>3.00</b>	<b>5.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>10.00</b>	<b>15.00</b>	<b>-5.00</b>	
<b>Intra-Service Time:</b>	<b>75.00</b>			
<b>Please, pick the <u>post-service</u> 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)</b> 9B General Anes or Complex Regional Blk/Cmplx Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>45.00</b>	<b>33.00</b>	<b>12.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>46.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52649	090	14.56	RUC Time

CPT Descriptor 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)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
55873	090	13.60	RUC Time

CPT Descriptor Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57288	090	12.13	RUC Time	25,880
<u>CPT Descriptor 1</u> Sling operation for stress incontinence (eg, fascia or synthetic)				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	18.00	RUC Time	6,589

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52649	090	14.56	RUC Time

CPT Descriptor 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)

**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: 70      % of respondents: 72.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 11      % of respondents: 11.3 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>52601</u></b>	<b>Top Key Reference CPT Code: <u>52649</u></b>	<b>2nd Key Reference CPT Code: <u>55873</u></b>
Median Pre-Service Time	51.00	53.00	56.00
Median Intra-Service Time	75.00	120.00	100.00
Median Immediate Post-service Time	65.00	25.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	46.0	62.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>256.00</b>	<b>279.00</b>	<b>274.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
--	------------------------------------	---

**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.16	0.18
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.04	0.09
Urgency of medical decision making	0.19	-0.09

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.23	0.91
--------------------------	------	------

Physical effort required	0.39	0.91
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.41	0.27
Outcome depends on the skill and judgment of physician	0.47	0.82
Estimated risk of malpractice suit with poor outcome	0.21	0.55

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.33	0.36
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

The American Urological Association requested a random sample of approximately 6000 urologists from our general membership database. The survey was sent to 6000 individuals and of those individuals, 97 responses were received for a response rate of 1.6%. In 2014, 46,978 of these procedures were performed in the Medicare population so the number of responses to this survey meets the RUC criteria of 30 respondents as the minimum survey sample size for this code.

The AUA RUC expert panel reviewed the survey results and the respondents stated that the median intraservice time was 75 minutes to complete this procedure, which remains unchanged. The current work RVU is 15.26. The median work value from the survey is 14.60 and the 25th percentile of the work RVU is 14.46. According to our survey results, the surveyees selected 1 subsequent hospital visit, 99232; however, this code is primarily done as an outpatient procedure. Our expert panel requests to add 40 minutes to the post service time since these patients are staying in the hospital less than 24 hours but are being seen by the physician. The AUA is recommending a work RVU of 14.60 with a median intraservice time of 75 minutes and an immediate post time of 65 minutes.

Code being surveyed	Descriptor	Pre	Intra	Post	Other Hosp	Office Visits	Total	IWPU T	RVU	RUC Reviewed
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	60	75	40	118	62	355	0.0883	15.26	Aug 2005
Comparison Codes	Descriptor	Pre	Intra	Post	Other Hosp	Office Visits	Total	IWPU T	RVU	RUC Reviewed
	Arthroscopy, shoulder,	60	75	20	19	78	252	0.1072	13.16	Jan 2012

29828	surgical; biceps tenodesis									
58260	Vaginal hysterectomy, for uterus 250 g or less;	60	60	30	98	63	311	0.1039	14.15	April 2002
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	25	60	10	19	163	277	0.1226	15.00	Jan 2014
65756	Keratoplasty (corneal transplant); endothelial	39	60	20	19	117	255	0.1767	16.84	April 2008

## 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) 52601

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? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 46,978 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. 2014 Claims data from RUC database

Specialty Urology	Frequency 46734	Percentage 99.48 %
-------------------	-----------------	--------------------

Specialty General Surgery	Frequency 146	Percentage 0.31 %
---------------------------	---------------	-------------------

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:

Turp

---

### **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 52601

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

## SS Rec Summary

	A		B		C		D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	
13	ISSUE: Transurethral Resection of the Prostate																																											
14	TAB: 26																																											
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					FAC-obs				Office					Prolonged									
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57				
17	1st REF	52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete		0.083			14.56			279	33	5	15			120			25						0.5							2	1										
18	2nd REF	55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)		0.083			13.60			274	33	8	15			100			30						0.5						3												
19	CURRENT	52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding,		0.088			15.26			355	35	10	15			75			40				1	2	1.0						2	1											
20	SVY	52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding		0.108	1.50	14.46	14.60	15.50	22.00	289	45	10	10	45	60	75	90	120	25				1		1.0						2												
21	REC	52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)		0.114			13.16			236	33	8	10			75			45						0.5						2												
22																																												
23																																												
24																																												
25																																												
26																																												
27																																												



Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

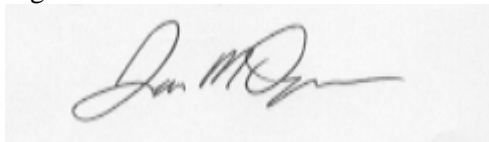
51798 and 52601  
Code Range

### 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

A handwritten signature in black ink, appearing to read "James Dupree", is written over a light gray rectangular background.

James Dupree, MD  
Printed Signature

American Urological Association  
Specialty Society

April 5, 2016  
Date

Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

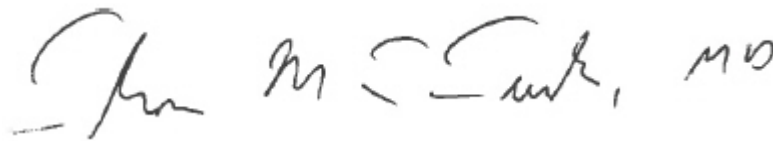
Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

51798 and 52601  
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.)

A handwritten signature in black ink, appearing to read "Thomas Turk, MD". The signature is fluid and cursive.

Signature

Thomas Turk, MD  
Printed Signature

American Urological Association  
Specialty Society

April 5, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

Global Period: 090

Meeting Date: April 26-30, 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The recommendations were developed by a Panel consisting of six physicians who represents urologic practices from across the United States in single specialty groups in suburban and urban settings. They represent the states of Washington, Illinois, Florida and North Carolina. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

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) was the reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: After reviewing the RUC database, it was determined that there was an error in the supplies, so our expert panel is requesting to add lines 61 – 65 to allow proper care for the patient at the first postoperative visit.

line 61 syringe, 50-60ml

line 62 syringe, 10-12ml

line 63 cup, container, sterile, graduated 1000ml

line 64 sodium chloride 0.9% irrigation (500-1000ml uou)

line 65 underpad, 2ft X 3ft (CHUX)

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Coordinate pre-service surgery services
- Schedule space and equipment in facility

- Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

- Follow-up phone calls and prescriptions

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>CPT Code #</b>		<b>CPT Code #52601</b>	
3	<b>Meeting Date: April 26-30, 2016</b> <b>Tab: 26</b> <b>Specialty: Urology</b>	<b>CMS Code</b>	<b>Staff Type</b>	Transurethral electro-surgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, etc.)		Transurethral electro-surgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, etc.)	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>					<b>090</b>	<b>090</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>0.0</b>	<b>171.0</b>	<b>0.0</b>	<b>138.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>0.0</b>	<b>60.0</b>	<b>0.0</b>	<b>60.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>0.0</b>	<b>12.0</b>	<b>0.0</b>	<b>6.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>0.0</b>	<b>99.0</b>	<b>0.0</b>	<b>72.0</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		<b>5</b>		<b>5</b>
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		<b>20</b>		<b>20</b>
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		<b>8</b>		<b>8</b>
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		<b>20</b>		<b>20</b>
16	Follow-up phone calls & prescriptions				<b>7</b>		<b>7</b>
17	Other Clinical Activity - <i>specify:</i>						
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
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 - <i>specify:</i>						
29	<b>Intra-service</b>						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	<b>Post-Service</b>						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)						
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)						
36	Clean room/equipment by physician staff						
37	Clean Scope						
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions						
40	Review/read X-ray, lab, and pathology reports						
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
42	Other Clinical Activity - <i>specify:</i>						
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			<b>n/a</b>		<b>n/a</b>	<b>6</b>
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			<b>n/a</b>	<b>12</b>	<b>n/a</b>	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			<b>n/a</b>		<b>n/a</b>	
46	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>CPT Code #</b>		<b>CPT Code #52601</b>	
3	Meeting Date: April 26-30, 2016 Tab: 26 Specialty: Urology	<b>CMS Code</b>	<b>Staff Type</b>	Transurethral electro-surgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy.		Transurethral electro-surgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy.	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>					<b>090</b>	<b>090</b>
47	<b>POST-SERVICE Period</b>						
48	<b>Start: Patient leaves office/facility</b>						
49	Conduct phone calls/call in prescriptions						
50	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
51	99211 16 minutes		16				
52	99212 27 minutes		27		<b>1</b>		
53	99213 36 minutes		36		<b>2</b>		<b>2</b>
54	99214 53 minutes		53				
55	99215 63 minutes		63				
56	<b>Total Office Visit Time</b>			<b>0.0</b>	<b>99.0</b>	<b>0.0</b>	<b>72.0</b>
57	Other Clinical Activity - <i>specify:</i>						
58	<b>End: with last office visit before end of global period</b>						
59	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
60	pack, minimum multi-specialty visit	SA048	pack		<b>3</b>		<b>2</b>
61	syringe, 50-60ml	SC056	item				<b>1</b>
62	syringe, 10-12ml	SC051	item				<b>1</b>
63	cup, container, sterile, graduated 1000ml	SL038	item				<b>1</b>
64	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item				<b>1</b>
65	underpad, 2ft X 3ft (CHUX)	SB044	item				<b>1</b>
66	<b>EQUIPMENT</b>	<b>CODE</b>					
67	Table, power	EF031			<b>99</b>		<b>72.0</b>
68							
69							
70							
71							

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*Site of Service Anomaly*

April 2016

**Colporrhaphy**

In October 2015, CPT code 57240 was identified in which the Medicare data from 2011-2013 indicated that it was performed less than 50% of the time in the inpatient setting, yet include inpatient hospital Evaluation and Management services within the global period.

In April 2016, the specialty society indicated they are working with CMS and its contractor NCCI on issues related to the colporrhaphy codes. NCCI instituted edits that prohibit reporting a Cystourethroscopy (CPT code 52000) with these services. The specialty society determined that the most appropriate way to address this issue is through the CPT process. The specialty will submit a CCP for the September 2016 CPT meeting to address these concerns. **The RUC recommends 57240, 57250, 57260 and 57265 be referred to the CPT Editorial Panel.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	090	Refer to CPT Sept 2016
57250 (f)	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	090	Refer to CPT Sept 2016
57260 (f)	Combined anteroposterior colporrhaphy;	090	Refer to CPT Sept 2016
57265 (f)	Combined anteroposterior colporrhaphy; with enterocele repair	090	Refer to CPT Sept 2016

April 5, 2016

Peter Smith, MD, FACS  
Chair, AMA/RUC  
American Medical Association  
330 N. Wabash Ave.  
Chicago, IL 60611

**Subject: Tab 27 Colporrhaphy (57240, 57250, 57260 & 57265)**

Dear Dr. Smith:

In October 2015, CPT code 57240 was identified in which the Medicare data from 2011-2013 indicated that it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period. The RUC determined that these services would be placed on the next Level of Interest form to survey for April 2016. The American Congress of Obstetricians and Gynecologists (ACOG) identified CPT Codes 57250, 57260 and 57265 as part of the family.

ACOG has been working with CMS and its contractor NCCI on issues related to the colporrhaphy codes. NCCI instituted edits that prohibit reporting a Cystourethroscopy (CPT Code 52000) with these services. It was determined that the most appropriate way to address this issue was through the CPT process. As such, ACOG requests this issue be referred to the CPT Editorial Panel. The specialty will submit a CCP for the 2018 cycle to address these concerns.

Please let me know if you have any questions.

Thank you,

A handwritten signature in black ink, appearing to read "George A. Hill, MD". The signature is stylized with a large "G" and "H".

George A. Hill, MD

cc: Susan Clark



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*Harvard Valued – Utilization Over 30,000*

April 2016

**Injection Anesthetic Agent**

In October 2015, AMA staff re-ran the Harvard valued codes with utilization over 30,000 based on 2014 Medicare claims data and this service was identified.

**64418 Injection, anesthetic agent; suprascapular nerve**

The RUC reviewed the survey results from 139 physicians for CPT code 64418 and determined that the survey median and 25th percentile work RVUs did not adequately account for the work required to perform this service. Therefore, the RUC recommends crosswalking code 64418 to code 20611 *Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting* (work RVU = 1.10 and 10 minutes intra-service time).

The RUC reviewed the pre-service time for CPT code 66418 and agreed that pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate. However, the RUC did not agree with the specialties recommended pre-time inputs and determined that the pre-time needed to be decreased further to account for overlap in time with an Evaluation and Management service that typically reported with this service. Therefore, the RUC recommends 6 minutes of evaluation time, 3 minutes of positioning time, 3 minutes of scrub dress and wait time, 10 minutes intra-service time and 10 minutes immediate post-service time. The RUC confirmed that 10 minutes of immediate post-service time is required to assess the patient for pain relief, respiratory, hemodynamic, mental orientation, and extremity vascular status changes; required as a result of the risk of intra-vascular injection or pneumothorax. The physician also assesses any impact on the patient's activities of daily living including eating, bathing, brushing teeth and hair and overhead activities. The physician performs both strength testing and functional assessments to evaluate weakness in the limb that was injected as a result of anesthetic response. The RUC noted that the majority of nerve block codes that were recently reviewed include 10 minutes of immediate post-service time.

The RUC noted that the recommended work RVU of 1.10 and 32 minutes of total time for CPT 66418 is relative compared to the top two key reference services 64450 *Injection, anesthetic agent; other peripheral nerve or branch* (work RVU = 0.75 and 20 minutes total time) and 64486 *Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)* (work RVU = 1.27 and 35 minutes of total time). The RUC noted that the recommendation is comparable to other nerve block codes 64405 *Injection, anesthetic agent; greater occipital nerve* (work RVU = 0.94 and 22 minutes total time) and 64415 *Injection, anesthetic agent; brachial plexus, single* (work RVU = 1.48 and 44 minutes total time). **The RUC recommends a work RVU of 1.10 for CPT code 64418.**

**Practice Expense**

One minor modification was made to correct the equipment minutes calculation. The Practice Expense Subcommittee reviewed the clinical staff time inputs to ensure that there were no duplicative times with the Evaluation and Management visit. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

**Work Neutrality**

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
64418	Injection, anesthetic agent; suprascapular nerve	000	1.10

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 64418	Tracking Number	Original Specialty Recommended RVU: <b>1.20</b>
		Presented Recommended RVU: <b>1.20</b>
Global Period: 000		RUC Recommended RVU: <b>1.10</b>
CPT Descriptor: Injection, anesthetic agent; suprascapular nerve		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 52-year-old woman with a frozen shoulder is unable to tolerate physical therapy due to pain. She is referred for a suprascapular nerve block to provide pain relief so that she can undergo physical therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 38%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 15%

Description of Pre-Service Work: Review records, communicate with other professionals, patient, and family; and obtain consent. Perform a focused History and Physical examination of the patient to confirm indications for procedure, potential contraindications, existing neurological deficits, and bleeding disorders. The pre-operative work also includes dressing, scrubbing, and waiting before the procedure; preparing the patient and equipment for the procedure; obtaining vital signs and positioning the patient in the sitting position.

Description of Intra-Service Work: Universal protocol is followed with confirmation of patient identifiers, procedure site, and laterality. The injection site overlying the scapular notch is identified. After sterile preparation of the skin, a local anesthetic skin wheal is placed at the site of injection. A needle is inserted toward the scapular notch. Once correct needle position is achieved, the needle is aspirated to confirm the absence of blood or air. Following negative aspiration, a small test-dose of local anesthetic is administered. The patient is queried about symptoms of intravascular local anesthetic injection. If there are no signs or symptoms of intravascular injection, the planned local anesthetic volume is injected in incremental doses with frequent aspiration to avoid intravascular injection. After completion of the injection, the needle is removed. The patient is evaluated for the initial effects of the block by physical examination to determine if the patient is developing weakness or numbness, and is evaluated for relief of pain in the expected nerve distribution.

Description of Post-Service Work: The patient is observed post-procedure for pain relief, respiratory, hemodynamic, mental orientation, or extremity vascular status changes. In addition, the limb that has received the nerve block is protected to prevent injury. The patient is provided education on the signs and symptoms of potential complications and the need to protect the anesthetized extremity. The physician communicates findings with the patient and other professionals (including written and telephone reports and orders).

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	05/2016				
<b>Presenter(s):</b>	Marc Leib, MD, Richard Rosenquist, MD, Matthew Grierson, MD, Barry Smith, MD				
<b>Specialty(s):</b>	ASA, AAPM&R, AAPM				
<b>CPT Code:</b>	64418				
<b>Sample Size:</b>	3500	<b>Resp N:</b>	139	<b>Response:</b>	3.9 %
<b>Description of Sample:</b>	Random Sample				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	3.00	7.00	20.00	1300.00
<b>Survey RVW:</b>	0.70	1.00	1.20	1.45	4.00
<b>Pre-Service Evaluation Time:</b>			17.00		
<b>Pre-Service Positioning Time:</b>			5.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			5.00		
<b>Intra-Service Time:</b>	1.00	5.00	10.00	13.00	45.00
<b>Immediate Post Service-Time:</b>	<u>10.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	64418	<b>Recommended Physician Work RVU: 1.10</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	6.00	17.00	-11.00	
<b>Pre-Service Positioning Time:</b>	3.00	1.00	2.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	3.00	5.00	-2.00	
<b>Intra-Service Time:</b>	10.00			
<b>Please, pick the <u>post-service</u> 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)</b> 7A Local/Simple Procedure				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	10.00	18.00	-8.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64450	000	0.75	RUC Time

CPT Descriptor Injection, anesthetic agent; other peripheral nerve or branch**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64486	000	1.27	RUC Time

CPT Descriptor Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
30901	000	1.10	RUC Time	108,336

CPT Descriptor 1 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12013	000	1.22	RUC Time	51,998

CPT Descriptor 2 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
40490	000	1.22	RUC Time

CPT Descriptor Biopsy of lip**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: 28.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 31      % of respondents: 22.3 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>64418</u></b>	<b>Top Key Reference CPT Code: <u>64450</u></b>	<b>2nd Key Reference CPT Code: <u>64486</u></b>
Median Pre-Service Time	12.00	10.00	15.00
Median Intra-Service Time	10.00	5.00	10.00
Median Immediate Post-service Time	10.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>32.00</b>	<b>20.00</b>	<b>35.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.23	0.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.26	0.29
Urgency of medical decision making	0.00	-0.03

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.46	0.55
Physical effort required	0.15	0.13

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.21	0.19
Outcome depends on the skill and judgment of physician	0.38	0.42
Estimated risk of malpractice suit with poor outcome	0.28	0.29

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.41	0.29
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In October 2015, AMA staff re-ran the Harvard valued codes with utilization over 30,000 based on 2014 Medicare claims data and this service was identified. The RUC determined that this service was to be placed on the next level of interest form to survey for April 2016.

**Survey Sample and Process**

The survey request was sent to a random selection from the membership database of the American Academy of Physician Medicine & Rehabilitation (AAPM&R). The American Society of Anesthesiologists (ASA) took a random sample of subspecialty pain medicine doctors from the ASA membership database. The standard RUC survey was conducted using a vignette drafted by the societies involved since 64418 had not previously been RUC reviewed. The Research Subcommittee reviewed and approved the vignette.

**Pre-Service Time Package 6A**

We recommend pre-time package 6A (NF Procedure w local/topical anesthesia care requiring wait time for anesthesia to take effect) as this procedure is performed in the physician's office 89% of the time according to the 2014 Medicare data. We recommend reducing the package pre-service evaluation time from 17 minutes to 8 minutes to account for overlap in time with an E/M service that is reported more than 50% of the time with 64418 on the same day. We also recommend increasing the package pre-service positioning time from 1 minute to 3 minutes. This is a reduction from the survey respondents' 5 minutes, as the Expert Panel indicated that 5 minutes overstated the positioning time, while the standard 1 minute in the pre-time package underestimates the time needed to position the patient. Additional positioning time is necessary because there is increased difficulty in identifying the target injection site, requiring manipulation of the patient's position to achieve the appropriate outcome. The Expert Panel agreed that the standard 5 minute scrub, dress and wait time in the pre-service package is appropriate.

**Post-Service Time Package**

We recommend post-service time package 7A (Local/Simple Procedure). We recommend reducing the package post-time from 18 minutes to 10 minutes, which corresponds with our survey data. In the post-service period the physician returns to the room following the initial injection to evaluate the patient for pain relief, respiratory, hemodynamic, mental orientation, and extremity vascular status changes; required as a result of the risk of intra-vascular injection or

pneumothorax. The physician must proceed with caution to protect the shoulder post injection as an injury to the suprascapular nerve will have an impact on the patient's activities of daily living including eating, bathing, brushing teeth and hair and overhead activities. Both strength testing and functional assessments are performed to evaluate weakness in the limb that was injected as a result of anesthetic response. The physician then evaluates for appropriateness of functional bracing of the shoulder.

### **Key Reference Codes**

The recommended work RVU of 1.20 for 64418 fits well above the top key reference service (64450), since 64418 is more difficult to palpate the vessels around the suprascapular notch (compared to the posterior tibial vessels). Also, an injury to the suprascapular nerve will have a much greater impact on the patient than an injury to the posterior tibial nerve at the level of the ankle. It also fits well just below the second key reference code (64486). TAP block includes and is typically performed with image guidance. It also fits well with other injection codes and other codes in the RBRVS with similar IWPUTs, total time, and intra time.

### **MPC Comparison**

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1.07	0.068	24	7	12	5
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	1.10	0.081	26	11	10	5
<b>64418</b>	<b>Injection, anesthetic agent; suprascapular nerve</b>	<b>1.10</b>	<b>0.065</b>	<b>32</b>	<b>12</b>	<b>10</b>	<b>10</b>
40490	Biopsy of lip	1.22	0.058	34	14	15	5
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	1.22	0.064	27	7	15	5

### **Other Comparison Codes**

Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1.07	0.068	24	7	12	5
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	1.14	0.059	27	7	15	5
<b>64418</b>	<b>Injection, anesthetic agent; suprascapular nerve</b>	<b>1.10</b>	<b>0.065</b>	<b>32</b>	<b>12</b>	<b>10</b>	<b>10</b>
40490	Biopsy of lip	1.22	0.058	34	14	15	5
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	1.24	0.065	40	20	10	10
67505	Retrobulbar injection; alcohol	1.27	0.078	35	20	10	5
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	1.27	0.078	35	15	10	10

### **Recommendation**



We recommend a work RVU of 1.20 for 64418. This value maintains the RUC and specialty accepted intensity/complexity rank order and relativity for code 64418 with many other injections codes requiring 10 minutes of intra-service time.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Typically reported with an E&M service.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. For Medicare patients, 64418 is typically reported with an E&M service.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64418

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty Physical Medicine and Rehabilitation How often? Sometimes

Specialty Interventional Pain Management & Pain Management How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 92955

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is estimated at 3 times Medicare frequency.

Specialty Anesthesiology Frequency 26588 Percentage 28.60 %

Specialty Physical Medicine and Rehabilitation Frequency 11807 Percentage 12.70 %

Specialty Interventional Pain Management & Pain Medicine Frequency 20590 Percentage 22.15 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30,985 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Data RUC Database

Specialty Anesthesiology	Frequency 8862	Percentage 28.60 %
Specialty Physical Medicine and Rehabilitation	Frequency 3957	Percentage 12.77 %
Specialty Interventional Pain Management and Pain Medicine	Frequency 6865	Percentage 22.15 %

Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Musculoskeletal

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### **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 64418

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

## SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN		
13	ISSUE: Injection Anesthesia Agent (Suprascapular)																																									
14	TAB: 28																																									
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					FAC-obs				Office					Prolonged							
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57		
17	1st REF	64450	Injection, anesthetic agent; other	48	0.083			0.75			20	10	0	0			5			5																						
18	2nd REF	64486	Transversus abdominis plane (TAP) block		0.078			1.27			35	5	5	5			10			10																						
19	CURRENT	64418	Injection, anesthetic agent; suprascapular		0.041			1.32			44	13	0	0			18			13																						
20	SVY	64418	Injection, anesthetic agent; suprascapular	139	0.044	0.70	1.00	1.20	1.45	4.00	47	17	5	5	1	5	10	13	45	10																						
21	REC	64418	Injection, anesthetic agent; suprascapular	139	0.065	1.10					32	6	3	3			10			10																						
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**28**  
Tab Number

**Injection Anesthetic Agent (64418)**  
Issue

**64418**  
Code Range

### **Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

**Marc Leib, MD, JD**  
Printed Signature

**American Society of Anesthesiologists**  
Specialty Society

**April 4, 2016**  
Date

**28**  
Tab Number

**Injection Anesthetic Agent (64418)**  
Issue

**64418**  
Code Range

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Signature

**Richard Rosenquist, MD**  
Printed Signature

**American Society of Anesthesiologists**  
Specialty Society

**April 4, 2016**  
Date

**28**  
Tab Number

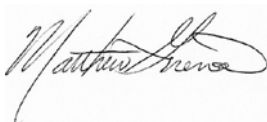
**Injection Anesthetic Agent (64418)**  
Issue

**64418**  
Code Range

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A handwritten signature in black ink, appearing to read "Matthew Grierson".

Signature

**Matthew Grierson, MD**  
Printed Signature

**American Academy of Physical Medicine & Rehabilitation**  
Specialty Society

**April 4, 2016**  
Date

**28**  
Tab Number

**Injection Anesthetic Agent (64418)**  
Issue

**64418**  
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Signature

**Barry Smith, MD**  
Printed Signature

**American Academy of Physical Medicine & Rehabilitation**  
Specialty Society

**April 4, 2016**  
Date

28  
Tab Number


**Injection Anesthetic Agent (64418)**  
Issue

**64418**  
Code Range

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\_\_\_\_\_  
Signature

**Eduardo Fraifeld**  
Printed Signature

**American Academy of Pain Medicine**  
Specialty Society

**April 5, 2016**  
Date



**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor: Injection, anesthetic agent; suprascapular nerve

Global Period: 000

Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the current PE details for 64418 and made adjustments as appropriate.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current inputs for 64418 are used as reference.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A
5. Please describe in detail the clinical activities of your staff: N/A

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Injection, anesthetic agent; suprascapular nerve

Global Period: 000 Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the current PE details for 64418 and made adjustments as appropriate.
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current inputs for 64418 are used as reference.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Not applicable.
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Supplies

The Expert Panel that reviewed the supplies did not believe that this procedure required a pack, minimum multi-specialty visit.

Additionally, the Panel believed that the pack, basic injection, did not accurately reflect the supplies need for this procedure and we are recommending only the inputs that are necessary to perform this procedure in a sterile environment including:

- 5ml - bupivacaine 0.25% inj (Marcaine)
- 1 - cap, surgical
- 1 - mask, surgical
- 1 - gloves, sterile
- 1 - drape, sterile barrier 16in x 29in
- 1 - drape, sterile, for Mayo stand
- 1 - swab, patient prep, 1.5 ml (chloraprep)
- 1 - needle, 18-27g
- 1 - needle, 18-26g 1.5-3.5in, spinal
- 2 - syringe 5-6ml
- 5ml - lidocaine 1%-2% inj (Xylocaine)
- 1 - gauze, sterile 4in x 4in
- 1 - bandage, strip 0.75in x 3in (Bandaaid)

Equipment

Mayo stand - The removable instrument tray (mayo stand) is set adjacent to the injection; it provides a place for sterile instruments and supplies used during the injection.

Light, exam – The exam light is used to accurately visualize the injection site.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Period Clinical Labor Activities:

Service Period Clinical Labor Activities:

Pre-service

During the service period clinical staff will provide pre-service education, prepare the room, equipment, and supplies, and prepare and position patient. The 2 minutes included with an E/M service does not include setting up supplies for the injection which will include preparing the exam light and mayo stand with syringes, needles, drapes, and etc. to maintain a sterile field; 5 minutes additional time is recommended for these activities.

Intra-service

Clinical staff assists the physician for 100% of the intra-service time.

Post-service

Clinical staff provides 1:1 monitoring of the patient following the injection to monitor the patient for vasovagal response, mental status, and check vital signs. Clinical staff also fits the patient for the bracing and demonstrate proper use of the device. Finally, clinical staff will check the injection site, provide written and verbal post-injection and follow-up instructions on care of the injection site and activity restrictions.

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>64418</b>		<b>64418</b>	
3	<b>Meeting Date: April 2016 Tab: 28 Specialty: ASA, AAPM&amp;R, AAPM</b>	<b>CMS Code</b>	<b>Staff Type</b>	Injection, anesthetic agent; suprascapular nerve		Injection, anesthetic agent; suprascapular nerve	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>56.0</b>	<b>17.0</b>	<b>20.0</b>	<b>0.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>8.0</b>	<b>14.0</b>	<b>0.0</b>	<b>0.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>45.0</b>	<b>0.0</b>	<b>20.0</b>	<b>0.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>3.0</b>	<b>3.0</b>	<b>0.0</b>	<b>0.0</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
12	Complete pre-service diagnostic & referral forms			<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>
13	Coordinate pre-surgery services			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
14	Schedule space and equipment in facility			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
15	Provide pre-service education/obtain consent			<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>
16	Follow-up phone calls & prescriptions			<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>
17	Other Clinical Activity - <i>specify:</i>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available			<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
22	Obtain vital signs			<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
28	<b>Intra-service</b>						
29	Assist physician in performing procedure	L037D	RN/LPN/MTA	<b>12</b>	<b>0</b>	<b>10</b>	<b>0</b>
30	<b>Post-Service</b>			<b>0</b>	<b>0</b>		
32	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
33	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA	<b>15</b>	<b>0</b>	<b>3</b>	<b>0</b>
34	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	<b>3</b>	<b>0</b>	<b>2</b>	<b>0</b>
44	<b>End: Patient leaves office</b>						
45	<b>POST-SERVICE Period</b>						
46	<b>Start: Patient leaves office/facility</b>						
47	Conduct phone calls/call in prescriptions			<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>
56	<b>End: with last office visit before end of global period</b>						

	A	B	C	D	E	F	G
1				<b>REFERENCE CODE</b>			
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>64418</b>		<b>64418</b>	
3	<b>Meeting Date: April 2016 Tab: 28 Specialty: ASA, AAPM&amp;R, AAPM</b>	<b>CMS Code</b>	<b>Staff Type</b>	Injection, anesthetic agent; suprascapular nerve		Injection, anesthetic agent; suprascapular nerve	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
57	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
58	pack, minimum multi-specialty visit	SA048	pack	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
59	pack, basic injection	SA041	pack	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
60	syringe 10-12ml	SC051	item	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
61	electrode needle, injectable (Myoject)	SD050	item	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
62	bupivacaine 0.25% inj (Marcaine)	SH021	ml	<b>10</b>	<b>0</b>	<b>5</b>	<b>0</b>
63	cap, surgical	SB001	item	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
64	mask, surgical	SB033	item	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
65	gloves, sterile	SB024	pair	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
66	drape, sterile barrier 16in x 29in	SB007	item	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
67	drape, sterile, for Mayo stand	SB012	item	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
68	swab, patient prep, 1.5 ml (chloraprep)	SJ081	item	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
69	needle, 18-27g	SC029	item	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
70	needle, 18-26g 1.5-3.5in, spinal	SC028	item	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
71	syringe 5-6ml	SC057	item	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
72	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>
73	gauze, sterile 4in x 4in	SG055	item	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
74	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
75	<b>EQUIPMENT</b>	<b>CODE</b>					
76	nerve stimulator (eg, for nerve block)	EQ184		<b>28</b>	<b>0</b>	<b>0</b>	<b>0</b>
77	table, exam	EF023		<b>88</b>	<b>0</b>	<b>20</b>	<b>0</b>
78	<b>mayo stand</b>	<b>EF015</b>		<b>0</b>	<b>0</b>	<b>20</b>	<b>0</b>
79	<b>light, exam</b>	<b>EQ168</b>		<b>0</b>	<b>0</b>	<b>20</b>	<b>0</b>
80							

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures\**

April 2016

**Correction of Trichiasis**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010.

**67820 *Correction of trichiasis; epilation, by forceps only***

The RUC reviewed the survey results from 59 practicing ophthalmologists and optometrists and agreed with the following physician time components: pre-service time of 4 minutes, intra-service time of 5 minutes and immediate post-service time of 2 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the appropriate value is below the 25<sup>th</sup> percentile (work RVU 0.50). The RUC compared the surveyed code to a key reference code 11900 *Injection, intralesional; up to and including 7 lesions* (work RVU= 0.52, intra time= 8 minutes) and noted that it is appropriate to value CPT code 67820 below this comparison given its increased complexity. Additionally the RUC compared CPT code 11720 *Debridement of nail(s) by any method(s); 1 to 5* (work RVU=0.32 and intra-service time of 5 minutes) noting identical intra-time and physician work. **The RUC recommends a work RVU of 0.32 for CPT code 67820.**

**Practice Expense:**

The pre-service time was revised to be consistent with the times for minimal use of clinical staff time for a 000 day global service in the facility setting. The RUC approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

**Work Neutrality**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
67820	Correction of trichiasis; epilation, by forceps only	000	0.32

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: 67820	Tracking Number	Original Specialty Recommended RVU: <b>0.40</b>
		Presented Recommended RVU: <b>0.32</b>
Global Period: 000		RUC Recommended RVU: <b>0.32</b>
CPT Descriptor: Correction of trichiasis, epilation, by forceps only		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 68-year-old female presents with excessive pain and tearing in the left eye.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: Review patient records. Explain procedure to the patient and obtain informed consent. Apply topical anesthetic to the eye.

Description of Intra-Service Work: Position patient properly at the slit lamp. Under slit lamp magnification, identify the aberrant lashes and epilate with forceps. Following removal, instill an antibiotic drop in the eye. Provide patient with postoperative instructions.

Description of Post-Service Work: Dictate report and communicate the results to the referring physician as appropriate.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	David Glasser, M.D AAO, Charlie Fitzpatrick, O.D. AOA				
<b>Specialty(s):</b>	Ophthalmology (AAO) and Optometry (AOA)				
<b>CPT Code:</b>	67820				
<b>Sample Size:</b>	887	<b>Resp N:</b>	59	<b>Response:</b>	6.6 %
<b>Description of Sample:</b>	A random sample of members were pulled from the AAO and AOA databases				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	14.00	20.00	35.00	1000.00
<b>Survey RVW:</b>	0.10	0.50	0.75	0.84	45.00
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			2.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			1.00		
<b>Intra-Service Time:</b>	1.00	3.00	5.00	5.00	20.00
<b>Immediate Post Service-Time:</b>	<b>3.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

<b>CPT Code:</b>	67820	<b>Recommended Physician Work RVU: 0.40</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	3.00	7.00	-4.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	1.00	1.00	0.00	
<b>Intra-Service Time:</b>	5.00			
<b>Please, pick the <u>post-service</u> 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)</b> N/A Survey Code is Non-Facility				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
65222	000	0.84	RUC Time

CPT Descriptor Removal of foreign body, external eye; corneal, with slit lamp**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
11900	000	0.52	RUC Time

CPT Descriptor Injection, intralesional; up to and including 7 lesions**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
51702	000	0.50	RUC Time	218,767

CPT Descriptor 1 Insertion of temporary indwelling bladder catheter; simple (eg, Foley)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
29540	000	0.39	RUC Time	261,452

CPT Descriptor 2 Strapping; ankle and/or foot

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
11720	000	0.32	RUC Time

CPT Descriptor Debridement of nail(s) by any method(s); 1 to 5**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: 76.2 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 10.1 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>67820</u>	Top Key Reference CPT Code: <u>65222</u>	2nd Key Reference CPT Code: <u>11900</u>
Median Pre-Service Time	4.00	5.00	5.00
Median Intra-Service Time	5.00	7.00	8.00
Median Immediate Post-service Time	2.00	3.00	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
<b>Median Total Time</b>	<b>11.00</b>	<b>15.00</b>	<b>15.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	-0.07	-0.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.16	-0.83
Urgency of medical decision making	-0.31	-0.33

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.44	-0.17
Physical effort required	-0.07	-0.33

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.82	-1.17
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Outcome depends on the skill and judgment of physician	-0.47	-0.67
Estimated risk of malpractice suit with poor outcome	-1.00	-1.00
<b><u>INTENSITY/COMPLEXITY MEASURES</u></b>		
	<b><u>Top Key</u></b>	<b><u>2<sup>nd</sup> Key</u></b>
	<b><u>Ref Code</u></b>	<b><u>Ref Code</u></b>
<b><u>Time Segment (Mean)</u></b>		
Overall intensity/complexity	-0.47	-0.67

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### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CPT 67820 *Correction of trichiasis; epilation, by forceps only* was identified by CMS as a high expenditure 000-day global procedure. It was last reviewed by the RUC in 2005.

A random survey of AAO and AOA members had 59 respondents, 92% of whom found the vignette typical. The median WRVU was 0.75 and the 25<sup>th</sup> percentile was 0.50. Median IST was 5 minutes. The current value of the code is 0.71 WRVU. The primary reference service, chosen by 76%, was 65222, *Removal of foreign body, external eye; corneal, with slit lamp* (RUC September 2011) with a WRVU of 0.84 and 7 minutes IST. The intensity and complexity metrics for the surveyed code were lower than those of the reference code.

The expert panel of the AAO and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 5 minutes is unchanged from the current value. The survey pre-times were 5/2/1. We used pre-service package 5 with times of 7/0/1. We reduced the pre-service time further because the procedure is typically done on the same day as an office visit, retaining 3 minutes to prepare for the procedure, describe the procedure to the patient and obtain consent, and 1 minute to administer and wait for the anesthetic, as suggested by the package detail, for a total pre-time of 4 minutes. We reduced the survey post-time from 3 to 2 minutes to prepare the report and communicate the results. **We recommend 0.40 WRVU, below the survey's 25<sup>th</sup> percentile.**

This value is supported by MPC code 51702 *Insertion of temporary indwelling bladder catheter; simple (eg, Foley)* (RUC April 2002) with 0.50 WRVU and IST and total times of 8 minutes, and by CPT code 11720 *Debridement of nail(s) by any method(s); 1 to 5* (RUC September 2011) with 0.32 WRVU, an IST of 5 minutes and total time of 14 minutes.

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### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmologic exam codes

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 414,265

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 281865 Percentage 68.03 %

Specialty Optometry Frequency 132400 Percentage 31.96 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 276,177 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Ophthalmology Frequency 187910 Percentage 68.03 %

Specialty Optometry Frequency 88267 Percentage 31.96 %

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

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**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 67820

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

## SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN		
13	ISSUE: Correction of Trichiasis																																									
14	TAB: 29																																									
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					FAC-obs				Office					Prolonged							
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57		
17	1st REF	65222	Removal of foreign body, external eye; corneal, with slit lamp		0.094			0.84			15	5					7			3																						
18	2nd REF	11900	Injection, intralesional; up to and including 7 lesions		0.045			0.52			15	5					8			2																						
19	CURRENT	67820	Correction of trichiasis; epilation, by forceps only		0.100			0.71			15	5	2	1			5			2																						
20	SVY	67820	Correction of trichiasis; epilation, by forceps only	59	0.081	0.10	0.50	0.75	0.84	45.00	21	10	2	1	1	3	5	5	20	3																						
21	REC	67820	Correction of trichiasis; epilation, by forceps only		0.040	0.32					11	3	0	1			5			2																						
22																																										
23																																										
24																																										
25																																										
26																																										
27																																										

Tab 29  
Tab Number

Correction of Trichiasis  
Issue

67820  
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

April 5, 2016  
Date



29

Tab Number

CORRECTION OF TRICHAIASIS  
Issue

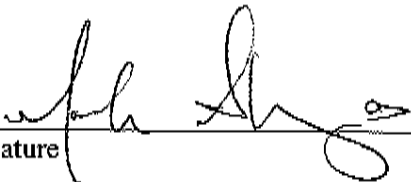
67820

Code Range

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Signature

MARK SHIREY, D.D.  
Printed Signature

AMERICAN ORTHOMETRIC ASSOCIATION  
Specialty Society

4/5/2016  
Date

29  
Tab Number


Corrected not trichiasis  
Issue

67820  
Code Range

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Signature

CHARLES FITZPATRICK  
Printed Signature

AMERICAN OPHTHALMIC ASSN (AOA)  
Specialty Society

4-5-16  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor:

Correction of trichiasis; epilation, by forceps only

Global Period: 000 Meeting Date: April, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: **N/A**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **N/A**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **N/A**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Use of this code in a facility is very uncommon, with most facility cases occurring in an outpatient hospital or a nursing facility. The bulk of practice expense lies in pre-service activities. Staff time is used to complete referral forms, coordinate pre-surgery services, schedule space and equipment in the facility, provide pre-service education and consent, and perform follow-up phone calls. There is no technician time required during the intra-service period.

Intra-Service Clinical Labor Activities:

**N/A**

Post-Service Clinical Labor Activities:

**N/A**

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Correction of trichiasis; epilation, by forceps only

Global Period: 000 Meeting Date: April, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

CMS data have shown that this code is typically done in conjunction with an office visit code. Therefore, previous times for completing pre-service diagnostic and referral forms, providing pre-service education and obtaining consent, greeting the patient and ensuring medical records are available, and cleaning room are covered by the office visit code and have been removed. The only remaining practice expense inputs remain the use of the screening lane by the physician in addition to the visit time, which prevents the technician from using the screening lane for another patient.

Pre-Service Clinical Labor Activities:

These services are still performed, but are covered under the office visit's code

Intra-Service Clinical Labor Activities:

The only practice expense inputs remain the use of the screening lane while the procedure is being performed by the physician. This procedure is performed in a screening or exam lane, and takes time in excess of that covered by the visit time. This time spent prevents the screening or exam lane from being able to be used to provide care for another patient.

Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			67820		67820	
3	Meeting Date: 04/2016 Tab: 29; Correction of Trichiasis Specialty: Ophthalmology	CMS Code	Staff Type	Correction of trichiasis; epilation, by forceps only		Correction of trichiasis; epilation, by forceps only	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			0	0	0	0
6	TOTAL CLINICAL LABOR TIME			14.0	25.0	0.0	15.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			8.0	25.0	0.0	15.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			6.0	0.0	0.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0
10	PRE-SERVICE						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms	L038A	COMT/COT/RN	5	5		3
13	Coordinate pre-surgery services	L038A	COMT/COT/RN/CST		5		3
14	Schedule space and equipment in facility	L038A	COMT/COT/RN/CST		5		3
15	Provide pre-service education/obtain consent	L038A	COMT/COT/RN	3	7		3
16	Follow-up phone calls & prescriptions	L038A	COMT/COT/RN/CST		3		3
17	Availability of prior images confirmed						
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled 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	L038A	COMT/COT/RN	3			
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies						
27	Setup scope (non facility setting only)						
28	Prepare and position patient/ monitor patient/ set up IV						
29	Sedate/apply anesthesia						
30	Other Clinical Activity - specify: calibrate optical biometer or ultrasound machine						
31	Intra-service						
32	Assist physician						

	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.			67820		67820	
3	Meeting Date: 04/2016 Tab: 29; Correction of Trichiasis Specialty: Ophthalmology	CMS Code	Staff Type	Correction of trichiasis; epilation, by forceps only		Correction of trichiasis; epilation, by forceps only	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			0	0	0	0
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	L038A	COMT/COT/RM	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						
50	POST-SERVICE Period						
51	Start: Patient leaves office/facility						
52	Conduct phone calls/call in prescriptions						
53	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
54	99211 16 minutes		16				
55	99212 27 minutes		27				
56	99213 36 minutes		36				
57	99214 53 minutes		53				
58	99215 63 minutes		63				
59	Total Office Visit Time			0.0	0.0	0.0	0.0
60	Other Clinical Activity - specify:						
61	End: with last office visit before end of global period						
62	MEDICAL SUPPLIES*	CODE	UNIT				
63	pack, ophthalmology visit (no dilation)	SA050	pack	1			
64							
65	EQUIPMENT	CODE					
66	lane, screening (oph)	EL006		6		11	
67							

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS/Other Source – Utilization over 250,000\**

April 2016

**X ray of Ribs**

In October 2015, CPT code 71101 was identified as a CMS/Other source code with 2014 Medicare utilization of 250,000 or more.

**Compelling Evidence**

The specialty society presented compelling evidence for code 71110. The society noted that a flawed methodology was used in the previous valuation for this service as the code has a CMS/Other designation. As the RUC has noted previously during review of other services, codes with the CMS/Other designation were never surveyed by the RUC or any other stakeholder; their physician time and work were assigned by CMS in rulemaking over 20 years ago using an unknown methodology. The RUC accepted that there is compelling evidence that 71110 was originally valued using a flawed methodology.

**71100 Radiologic examination, ribs, unilateral; 2 views**

The RUC reviewed the survey results from 50 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.22 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.22, the RUC compared the survey code to CPT code 73502 *Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views* (work RVU= 0.22, intra-service time of 4 minutes, total time of 6 minutes) and 73521 *Radiologic examination, hips, bilateral, with pelvis when performed; 2 views* (work RVU= 0.22, intra-service time of 4 minutes, total time of 6 minutes). The RUC noted that all three services have identical intra-service and total times and involve similar amounts of physician work. **The RUC recommends a work RVU of 0.22 for CPT code 71100.**

**71101 Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

The RUC reviewed the survey results from 50 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.27 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.27, the RUC compared the survey code to top key reference code 73503 *Radiologic examination, hip,*

*unilateral, with pelvis when performed; minimum of 4 views* (work RVU= 0.27, intra-service time of 5 minutes, total time of 7 minutes) and noted that both services have identical intra-service and total times and involve a similar amount of physician work. The RUC also reviewed CPT code 72050 *Radiologic examination, spine, cervical; 4 or 5 views* (work RVU= 0.31, intra-service time of 5 minutes, total time of 8 minutes) and noted that both services have identical intra-service time and involve a similar physician work intensity, confirming that a work RVU of 0.27 is appropriate for the survey code. **The RUC recommends a work RVU of 0.27 for CPT code 71101.**

**71110 Radiologic examination, ribs, bilateral; 3 views**

The RUC reviewed the survey results from 50 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 6 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.29 and agreed that this value appropriately accounts for the physician work involved and aligns appropriately with the other codes in the x-ray of ribs code family. To justify a work RVU of 0.29, the RUC compared the survey code to 2<sup>nd</sup> key reference code 72110 *Radiologic examination, spine, lumbosacral; minimum of 4 views* (work RVU= 0.31, intra-service time of 5 minutes, total time of 8 minutes) and noted that while both services have identical total times, the survey code has more intra-service time. The RUC also compared the survey code to CPT code 73523 *Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views* (work RVU= 0.31, intra-service time of 6 minutes, total time of 8 minutes) and noted that both services have identical times and involve a similar amount of physician work, supporting a work RVU of 0.29 for the survey code. **The RUC recommends a work RVU of 0.29 for CPT code 71110.**

**71111 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

The RUC reviewed the survey results from 50 radiologists and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 7 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU and agreed that maintaining the current work RVU of 0.32 is supported. To justify a work RVU of 0.32, the RUC compared the survey code to 2<sup>nd</sup> key reference and MPC code 72114 *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (work RVU= 0.32, intra-service time of 5 minutes, total time of 8 minutes) and noted that the survey code has more intra-service and total time. The RUC also compared the survey code to CPT code 72083 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views* (work RVU= 0.35, intra-service time of 7 minutes, total time of 9 minutes) and noted that although both codes have identical times, the survey code involves somewhat less intense physician work, supporting a somewhat lower work RVU of 0.32 for the survey code. **The RUC recommends a work RVU of 0.32 for CPT code 71111.**



**Practice Expense**

The RUC recommends the direct practice expense inputs as submitted by the specialty and reviewed and approved by the Practice Expense Subcommittee.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
71100 (f)	Radiologic examination, ribs, unilateral; 2 views	XXX	0.22 (No Change)
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	XXX	0.27 (No Change)
71110 (f)	Radiologic examination, ribs, bilateral; 3 views	XXX	0.29
71111 (f)	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	XXX	0.32 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 71100	Tracking Number	Original Specialty Recommended RVU: <b>0.22</b>
		Presented Recommended RVU: <b>0.22</b>
Global Period: XXX		RUC Recommended RVU: <b>0.22</b>
CPT Descriptor: Radiologic examination, ribs, unilateral; 2 views		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65-year-old female presents with a right chest contusion after suffering a fall. Frontal and oblique views of the right rib cage are obtained.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the clinical history. Review any prior applicable plain film or other imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination.

Interpret radiographs of the ribs. Specifically, evaluate the costovertebral and costosternal junctions as well as the shoulder and clavicle. Assess visualized portions of the chest, abdomen and spine. Review the superficial soft tissues.

Compare the findings to previous studies, if available.

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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71100				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	50	<b>Response:</b>	5.0 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	3.00	25.00	40.00	75.00	200.00
<b>Survey RVW:</b>	0.17	0.22	0.24	0.27	0.40
<b>Pre-Service Evaluation Time:</b>			1.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	2.00	4.00	5.00	10.00
<b>Immediate Post Service-Time:</b>	1.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	71100	<b>Recommended Physician Work RVU: 0.22</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	4.00			
<b>Please, pick the <u>post-service</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72070	XXX	0.22	RUC Time

CPT Descriptor Radiologic examination, spine; thoracic, 2 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	370,358

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 54.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 7      % of respondents: 14.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>71100</u>	Top Key Reference CPT Code: <u>72070</u>	2nd Key Reference CPT Code: <u>72110</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	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
<b>Median Total Time</b>	<b>6.00</b>	<b>5.00</b>	<b>8.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.44	0.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.22	0.14
Urgency of medical decision making	0.04	0.57

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.37	0.14
Physical effort required	-0.04	0.43

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.07	0.14
Outcome depends on the skill and judgment of physician	0.07	1.00
Estimated risk of malpractice suit with poor outcome	0.04	-0.14

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.22	0.57
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT Code 71101 (Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views) was identified as a CMS/Other codes with 2014 Medicare utilization greater than 250,000. The family of surveyed codes was expanded to include the three other codes for evaluating the ribs.

CPT Code	Descriptor	Current Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUR T
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	1	4	1	6	0.044
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27				7*	
71110	Radiologic examination, ribs, bilateral; 3 views	0.27				7*	
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	0.32		5		5*	

\* Both 71101 and 71110 are CMS/Other and 71111 is Harvard valued.

**Survey Process**

The American College of Radiology (ACR) conducted a random survey of members and assembled an expert panel to review the data and develop the following recommendations.

### Summary of Recommendation for all 4 codes

We are recommending the 25<sup>th</sup> percentile survey value for the first three codes in the rib x-ray family. This value is equal to the current value for both 71100 and 71101, and would represent a slight increase in value for the third code, 71110, which is one of the two CMS/Other codes in the family. We are recommending maintenance of existing value for the fourth code, 71111, which is a Harvard valued service.

We recommend 1 minute of time for both pre- and post-service activities in all four codes. These times are consistent with or slightly lower than the survey responses for each of the codes, but are consistent with recently valued x-ray codes.

We believe these work values and times are supported by the survey data and comparison codes as will be laid out individually for each service.

### Compelling Evidence

We are requesting an increase in value for only one code in this family, 71110 (*Radiologic examination, ribs, bilateral; 3 views*). The prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other. An increase in value for this code is justified by the survey data, comparisons with both KRS codes, and to maintain relativity within the family.

### 71100 - Radiologic examination, ribs, unilateral; 2 views

#### Work RVU Recommendation:

We recommend maintaining the current work RVU of 0.22 for 71100, which is also the 25<sup>th</sup> percentile survey value.

#### Time Recommendation:

We recommend the median survey times of 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service.

#### Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 72070 (*Radiologic examination, spine, thoracic, 2 views*) chosen by 54% of respondents and 72110 (*Radiologic examination, spine, lumbosacral; minimum of 4 views*) chosen by 14% of respondents. Our recommendation for 71100 is equivalent to the first KRS except for one additional minute of intra-service time in 71100. The surveyed code scored slightly more complex on the majority of complexity measurements compared with the two KRS codes.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72070	Radiologic examination, spine; thoracic, 2 views	0.22	5	1	3	1	0.058
<b>71100</b>	<b>Radiologic examination, ribs, unilateral; 2 views</b>	<b>0.22</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.044</b>
72110	Radiologic examination, spine; lumbosacral, minimum 4 views	0.31	8	1	5	2	0.049

#### MPC Codes:

The surveyed code compares well with 72100 (*Radiologic examination, spine, lumbosacral; 2 or 3 views*), which has the same wRVU of 0.22 and total time of 6 minutes (pre-, intra-, and post-service times of 1, 3, and 2 minutes, respectively).

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71100</b>	<b>Radiologic examination, ribs, unilateral; 2 views</b>	<b>0.22</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.044</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051

#### Family of Codes:

Our recommendation for 71100 is supported by our survey, KRS, and MPC, and fits appropriately within the family of rib x-ray codes and maintains proper relativity.

CPT Code	Descriptor	Recommended Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6
71101	X-ray, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27	1	5	1	7
71110	X-ray, ribs, bilateral; 3 views	0.29	1	6	1	8
71111	X-ray, ribs, bilateral; including posteroanterior chest, minimum of 4 views	0.32	1	7	1	9

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#### SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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) 71100

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 700509

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 71100 provided nationally in a one-year period is estimated to be 700,509.

Specialty Diagnostic Radiology                      Frequency 524643                      Percentage 74.89 %

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? 233,503 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71100 is billed approximately 233,503 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 174881                      Percentage 74.89 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:  
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 71100

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: 71101	Tracking Number	Original Specialty Recommended RVU: <b>0.27</b>
		Presented Recommended RVU: <b>0.27</b>
Global Period: XXX		RUC Recommended RVU: <b>0.27</b>

CPT Descriptor: Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65-year-old female presents with a right chest contusion, pleuritic chest pain and shortness of breath after suffering a fall. Frontal and oblique views of the right rib cage and a posteroanterior view of the chest are obtained.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the clinical history. Review any prior applicable plain film or other imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination.

Interpret radiographs of the ribs and chest. Specifically, evaluate the costovertebral and costosternal junctions as well as the shoulder and clavicle. Assess the pulmonary parenchyma, hila and mediastinum, pleural spaces, and diaphragm. Inspect visualized portions of the spine and abdomen. Review the superficial soft tissues.

Compare the 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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71101				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	50	<b>Response:</b>	5.0 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	3.00	25.00	42.00	100.00	350.00
<b>Survey RVW:</b>	0.18	0.27	0.29	0.33	0.50
<b>Pre-Service Evaluation Time:</b>			1.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	3.00	5.00	7.00	15.00
<b>Immediate Post Service-Time:</b>	<b>1.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	71101	<b>Recommended Physician Work RVU: 0.27</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	5.00			
<b>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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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
73503	XXX	0.27	RUC Time

CPT Descriptor Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 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
92568	XXX	0.29	RUC Time	12,475

CPT Descriptor 1 Acoustic reflex testing, threshold

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72110	XXX	0.31	RUC Time	876,017

CPT Descriptor 2 Radiologic examination, spine, lumbosacral; minimum of 4 views

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23      % of respondents: 46.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 16.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>71101</u>	Top Key Reference CPT Code: <u>73503</u>	2nd Key Reference CPT Code: <u>72110</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	5.00	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
<b>Median Total Time</b>	<b>7.00</b>	<b>7.00</b>	<b>8.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.70	-0.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.09	-0.25
Urgency of medical decision making	0.09	0.13

**Technical Skill/Physical Effort (Mean)**

Technical skill required	-0.04	0.25
Physical effort required	-0.04	0.50

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.30	-0.13
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Outcome depends on the skill and judgment of physician	0.04	0.00
--	------	------

Estimated risk of malpractice suit with poor outcome	0.39	0.25
--	------	------

**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.13	0.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT Code 71101 (Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views) was identified as a CMS/Other codes with 2014 Medicare utilization greater than 250,000. The family of surveyed codes was expanded to include the three other codes for evaluating the ribs.

CPT Code	Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	1	4	1	6	0.044
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27				7*	
71110	Radiologic examination, ribs, bilateral; 3 views	0.27				7*	
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	0.32		5		5*	

\* Both 71101 and 71110 are CMS/Other and 71111 is Harvard valued.

**Survey Process**

The American College of Radiology (ACR) conducted a random survey of members and assembled an expert panel to review the data and develop the following recommendations.

**Summary of Recommendation for all 4 codes**

We are recommending the 25<sup>th</sup> percentile survey value for the first three codes in the rib x-ray family. This value is equal to the current value for both 71100 and 71101, and would represent a slight increase in value for the third code, 71110, which is one of the two CMS/Other codes in the family. We are recommending maintenance of existing value for the fourth code, 71111, which is a Harvard valued service.

We recommend 1 minute of time for both pre- and post-service activities in all four codes. These times are consistent with or slightly lower than the survey responses for each of the codes, but are consistent with recently valued x-ray codes.

We believe these work values and times are supported by the survey data and comparison codes as will be laid out individually for each service.

### Compelling Evidence

We are requesting an increase in value for only one code in this family, 71110 (*Radiologic examination, ribs, bilateral; 3 views*). The prior methodology for valuing this code is unknown and considered flawed, as it is in the CMS/Other group of codes. An increase in value for this code is justified by the survey data, comparisons with both KRS codes, and to maintain relativity within the family.

### 71101 - Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views

#### Work RVU Recommendation:

We recommend maintaining the current work RVU of 0.27 for 71101, which is also the 25<sup>th</sup> percentile survey value.

#### Time Recommendation:

We recommend the median survey times of 1 minute pre-service, 5 minutes intra-service, and 1 minute post-service.

#### Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 73503 (*Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views*) chosen by 46% of respondents and 72110 (*Radiologic examination, spine, lumbosacral; minimum of 4 views*) chosen by 16% of respondents. Our recommendation for 71101 is equivalent to the first KRS (73505) in wRVU and time. The surveyed code scored slightly more complex on the majority of complexity measurements compared with the first KRS and was considered equivalent to the second.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73503	X-ray, hip, unilateral, with pelvis when performed; min 4 views	0.27	7	1	5	1	0.045
<b>71100</b>	<b>X-ray, ribs, unilateral; including PA chest, min 3 views</b>	<b>0.27</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0.045</b>
72110	X-ray, spine; lumbosacral, minimum 4 views	0.31	8	1	5	2	0.049

#### MPC Codes:

The surveyed code compares well with 72110 (*Radiologic examination, spine, lumbosacral; minimum 4 views*), which is the second most commonly selected KRS, and has wRVU of 0.31 and total time of 8 minutes (pre-, intra-, and post-service times of 1, 5, and 2 minutes, respectively). The relative differences between 71101 and 72100 are appropriate given the differences in service times and number of views. Additionally, 71101 has slightly lower recommended wRVU compared with 92568 (*Acoustic reflex testing, threshold*), a code with 10 minutes of total time.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71101</b>	<b>X-ray, ribs, unilateral; including PA chest, min 3 view</b>	<b>0.27</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0.045</b>
72110	X-ray, spine, lumbosacral; minimum 4 views	0.31	8	1	5	2	0.049
92568	Acoustic reflex testing, threshold	0.29	10	1	8	1	0.031

#### Family of Codes:

Our recommendation for 71101 is supported by our survey, KRS, and MPC, and fits appropriately within the family of rib x-ray codes and maintains proper relativity.



CPT Code	Descriptor	Recommended Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6
71101	X-ray, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27	1	5	1	7
71110	X-ray, ribs, bilateral; 3 views	0.29	1	6	1	8
71111	X-ray, ribs, bilateral; including posteroanterior chest, minimum of 4 views	0.32	1	7	1	9

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 71101

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 796206

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 71101 provided nationally in a one-year period is estimated to be 796206.

Specialty Diagnostic Radiology	Frequency 668813	Percentage 83.99 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 265,402 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71101 is billed approximately 265,402 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology	Frequency 222938	Percentage 84.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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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 71101

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: 71110      Tracking Number

Original Specialty Recommended RVU: **0.29**Presented Recommended RVU: **0.29**

Global Period: XXX

RUC Recommended RVU: **0.29**

CPT Descriptor: Radiologic examination, ribs, bilateral; 3 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45-year-old male presents with bilateral chest contusions after suffering a motor vehicle collision. Frontal view of the entire rib cage and oblique views of the right and left rib cages are obtained.

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: Review the clinical history. Review any prior applicable plain film or other imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination.

Interpret radiographs of the left and right ribs as well as the chest. Specifically, evaluate the bilateral costovertebral and costosternal junctions as well as the shoulders and clavicles. Assess the pulmonary parenchyma, hila, mediastinum, pleural spaces, and diaphragm. Inspect visualized portions of the spine and abdomen. Review the superficial soft tissues.

Compare the 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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71110				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	50	<b>Response:</b>	5.0 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	25.00	44.00	75.00	300.00
<b>Survey RVW:</b>	0.18	0.29	0.32	36.00	0.70
<b>Pre-Service Evaluation Time:</b>			1.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	4.00	6.00	7.00	13.00
<b>Immediate Post Service-Time:</b>	1.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	71110	<b>Recommended Physician Work RVU: 0.29</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	6.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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
73503	XXX	0.27	RUC Time

CPT Descriptor Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 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
92568	XXX	0.29	RUC Time	12,475

CPT Descriptor 1 Acoustic reflex testing, threshold

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72110	XXX	0.31	RUC Time	876,017

CPT Descriptor 2 Radiologic examination, spine, lumbosacral; minimum of 4 views

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16      % of respondents: 32.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 20.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>71110</u>	Top Key Reference CPT Code: <u>73503</u>	2nd Key Reference CPT Code: <u>72110</u>
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	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
<b>Median Total Time</b>	<b>8.00</b>	<b>7.00</b>	<b>8.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.56	0.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.31	0.40
Urgency of medical decision making	0.19	-0.30

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.06	0.50
Physical effort required	0.06	0.40

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.38	0.30
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Outcome depends on the skill and judgment of physician	0.00	0.00
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Estimated risk of malpractice suit with poor outcome	0.44	0.70
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**INTENSITY/COMPLEXITY MEASURES****Top Key**  
**Ref Code****2<sup>nd</sup> Key**  
**Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.44	0.40
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT Code 71101 (Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views) was identified as a CMS/Other codes with 2014 Medicare utilization greater than 250,000. The family of surveyed codes was expanded to include the three other codes for evaluating the ribs.

CPT Code	Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	1	4	1	6	0.044
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27				7*	
71110	Radiologic examination, ribs, bilateral; 3 views	0.27				7*	
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	0.32		5		5*	

\* Both 71101 and 71110 are CMS/Other and 71111 is Harvard valued.

**Survey Process**

The American College of Radiology (ACR) conducted a random survey of members and assembled an expert panel to review the data and develop the following recommendations.

**Summary of Recommendation for all 4 codes**

We are recommending the 25<sup>th</sup> percentile survey value for the first three codes in the rib x-ray family. This value is equal to the current value for both 71100 and 71101, and would represent a slight increase in value for the third code, 71110, which is one of the two CMS/Other codes in the family. We are recommending maintenance of existing value for the fourth code, 71111, which is a Harvard valued service.

We recommend 1 minute of time for both pre- and post-service activities in all four codes. These times are consistent with or slightly lower than the survey responses for each of the codes, but are consistent with recently valued x-ray codes.

We believe these work values and times are supported by the survey data and comparison codes as will be laid out individually for each service.

### Compelling Evidence

We are requesting an increase in value for only one code in this family, 71110 (*Radiologic examination, ribs, bilateral; 3 views*). The prior methodology for valuing this code is unknown and considered flawed, as it is in the CMS/Other group of codes.

An increase in value for this code is also supported by the survey data, comparisons with both KRS codes, and necessary to maintain relativity within the family. The current value for this code is 0.27. The 25<sup>th</sup> percentile survey value is 0.29, which falls between the current values of 0.27 for 71101 (*unilateral ribs, minimum 3 views*) and 0.32 for 71111 (*bilateral ribs with chest radiograph, minimum 4 views*). Additionally, the survey respondents indicated an intraservice time for 71110 of 6 minutes, which falls appropriately between the surveyed intra-service times of 5 and 7 minutes for 71101 and 71111, respectively.

### 71110 - Radiologic examination, ribs, bilateral; 3 views

#### Work RVU Recommendation:

We recommend a work RVU of 0.29 for 71111, which is the 25<sup>th</sup> percentile survey value.

#### Time Recommendation:

We recommend the median survey times of 1 minute pre-service, 6 minutes intra-service, and 1 minute post-service.

#### Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 73503 (*Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views*) chosen by 32% of respondents and 72110 (*Radiologic examination, spine, lumbosacral; minimum of 4 views*) chosen by 20% of respondents. Our recommendation for 71101 is a value between to the first and second KRS (73505) in wRVU. The surveyed code scored more complex on the majority of complexity measurements compared with both KRS codes.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73503	X-ray, hip, unilateral, with pelvis when performed; min 4 views	0.27	7	1	5	1	0.045
<b>71100</b>	<b>X-ray, ribs, bilateral; 3 views</b>	<b>0.29</b>	<b>8</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>0.041</b>
72110	X-ray, spine; lumbosacral, minimum 4 views	0.31	8	1	5	2	0.049

#### MPC Codes:

The surveyed code compares well with 72110 (*Radiologic examination, spine, lumbosacral; minimum 4 views*), which is the second most commonly selected KRS, and has wRVU of 0.31 and total time of 8 minutes (pre-, intra-, and post-service times of 1, 5, and 2 minutes, respectively). The relative differences between 71110 and 72100 are appropriate given the differences in number of views and intensity of clinical work involved.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71100</b>	<b>X-ray, ribs, bilateral; 3 views</b>	<b>0.29</b>	<b>8</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>0.041</b>
72110	X-ray, spine, lumbosacral; minimum 4 views	0.31	8	1	5	2	0.049

#### Family of Codes:

Our recommendation for 71110 is supported by our survey, KRS, and MPC, and fits appropriately within the family of rib x-ray codes and maintains proper relativity.



CPT Code	Descriptor	Recommended Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6
71101	X-ray, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27	1	5	1	7
71110	X-ray, ribs, bilateral; 3 views	0.29	1	6	1	8
71111	X-ray, ribs, bilateral; including posteroanterior chest, minimum of 4 views	0.32	1	7	1	9

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## 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) 71110

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 90006

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 71110 provided nationally in a one-year period is estimated to be 90,006.

Specialty Diagnostic Radiology	Frequency 61160	Percentage 67.95 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 30,002 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71110 is billed approximately 30,002 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology	Frequency 20387	Percentage 67.95 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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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 71110

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: 71111	Tracking Number	Original Specialty Recommended RVU: <b>0.32</b>
		Presented Recommended RVU: <b>0.32</b>
Global Period: XXX		RUC Recommended RVU: <b>0.32</b>

CPT Descriptor: Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 45-year-old male presents with bilateral chest contusions, pleuritic chest pain and shortness of breath after suffering a motor vehicle collision. Frontal view of the entire rib cage, oblique views of the right and left rib cages and a posteroanterior view of the chest are obtained.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the clinical history. Review any prior applicable plain film or other imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination.

Interpret radiographs of the left and right ribs as well as the chest. Specifically, evaluate the bilateral costovertebral and costosternal junctions as well as the shoulders and clavicles. Assess the pulmonary parenchyma, hila, mediastinum, pleural spaces, and diaphragm. Inspect visualized portions of the spine and abdomen. Review the superficial soft tissues.

Compare the 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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva III, MD; Kurt Schoppe, MD; Daniel Wessell, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71111				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	50	<b>Response:</b>	5.0 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	4.00	22.00	<b>38.00</b>	63.00	500.00
<b>Survey RVW:</b>	0.22	0.33	<b>0.36</b>	0.40	0.80
<b>Pre-Service Evaluation Time:</b>			<b>1.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	3.00	5.00	<b>7.00</b>	8.00	15.00
<b>Immediate Post Service-Time:</b>	<b>2.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	71111	<b>Recommended Physician Work RVU: 0.32</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	7.00			
<b>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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72052	XXX	0.36	RUC Time

CPT Descriptor Radiologic examination, spine, cervical; 6 or more views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72052	XXX	0.36	RUC Time	100,886

CPT Descriptor 1 Radiologic examination, spine, cervical; 6 or more views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72114	XXX	0.32	RUC Time	91,035

CPT Descriptor 2 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13      % of respondents: 26.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 11      % of respondents: 22.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>71111</u>	Top Key Reference CPT Code: <u>72052</u>	2nd Key Reference CPT Code: <u>72114</u>
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
<b>Median Total Time</b>	<b>9.00</b>	<b>8.00</b>	<b>8.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.62	0.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.54	0.27
Urgency of medical decision making	-0.08	-0.18

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.54	0.45
Physical effort required	0.38	0.36

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.15	0.45
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Outcome depends on the skill and judgment of physician	0.38	-0.09
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Estimated risk of malpractice suit with poor outcome	0.31	0.27
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.38	0.09
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT Code 71101 (Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views) was identified as a CMS/Other codes with 2014 Medicare utilization greater than 250,000. The family of surveyed codes was expanded to include the three other codes for evaluating the ribs.

CPT Code	Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWP/UT
71100	Radiologic examination, ribs, unilateral; 2 views	0.22	1	4	1	6	0.044
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27				7*	
71110	Radiologic examination, ribs, bilateral; 3 views	0.27				7*	
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	0.32		5		5*	

\* Both 71101 and 71110 are CMS/Other and 71111 is Harvard valued.

**Survey Process**

The American College of Radiology (ACR) conducted a random survey of members and assembled an expert panel to review the data and develop the following recommendations.

**Summary of Recommendation for all 4 codes**

We are recommending the 25<sup>th</sup> percentile survey value for the first three codes in the rib x-ray family. This value is equal to the current value for both 71100 and 71101, and would represent a slight increase in value for the third code, 71110, which is one of the two CMS/Other codes in the family. We are recommending maintenance of existing value for the fourth code, 71111, which is a Harvard valued service.

We recommend 1 minute of time for both pre- and post-service activities in all four codes. These times are consistent with or slightly lower than the survey responses for each of the codes, but are consistent with recently valued x-ray codes.

We believe these work values and times are supported by the survey data and comparison codes as will be laid out individually for each service.

### Compelling Evidence

We are requesting an increase in value for only one code in this family, 71110 (Radiologic examination, ribs, bilateral; 3 views). The prior methodology for valuing this code is unknown and considered flawed, as it is in the CMS/Other group of codes. An increase in value for this code is justified by the survey data, comparisons with both KRS codes, and to maintain relativity within the family.

### 71111 - X-ray, ribs, bilateral; including posteroanterior chest, minimum of 4 views

#### Work RVU Recommendation:

We recommend maintaining the current work RVU of 0.32 for 71111, which is below the 25<sup>th</sup> percentile survey value.

#### Time Recommendation:

We recommend the median survey times of 1 minute pre-service, 7 minutes intra-service, and 1 minute post-service.

#### Key Reference Services:

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 26% of respondents and 72114 (Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views) chosen by 22% of respondents. Our recommendation for 71111 is equivalent to the second KRS (72114) wRVU of 0.32 and the surveyed code has 2 more minutes of total time. The surveyed code scored essentially the same on the majority of complexity measurements compared with the second KRS and was considered slightly more complex compared with the first.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72052	X-ray, spine, cervical; 6 or more views	0.36	8	1	5	2	0.059
<b>71111</b>	<b>X-ray, ribs, bilateral; including PA chest, min 4 views</b>	<b>0.32</b>	<b>9</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>0.039</b>
72114	X-ray, spine; lumbosacral; complete, min 6 views	0.32	8	1	5	2	0.051

#### MPC Codes:

As detailed above, the surveyed code compares well with both KRS codes, which are also both MPC codes. Additional appropriate MPC codes include 92081 (Visual field examination, unilateral or bilateral, with interpretation and report; limited), which also has 10 minutes of total time and a wRVU of 0.30, and 92025 (Computerized corneal topography, unilateral or bilateral, with interpretation and report), which has 17 minutes of total time and wRVU of 0.35.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71111</b>	<b>X-ray, ribs, bilateral; including PA chest, min 4 views</b>	<b>0.32</b>	<b>9</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>0.039</b>
72114	X-ray, spine; lumbosacral; complete, min 6 views	0.32	8	1	5	2	0.051
72052	X-ray, spine, cervical; 6 or more views	0.36	8	1	5	2	0.059

#### Family of Codes:

Our recommendation for 71111 is supported by our survey, KRS, and MPC, and fits appropriately within the family of rib x-ray codes and maintains proper relativity.



CPT Code	Descriptor	Recommended Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time
71100	X-ray, ribs, unilateral; 2 views	0.22	1	4	1	6
71101	X-ray, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27	1	5	1	7
71110	X-ray, ribs, bilateral; 3 views	0.29	1	6	1	8
71111	X-ray, ribs, bilateral; including posteroanterior chest, minimum of 4 views	0.32	1	7	1	9

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 71111

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 86526

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 71111 provided nationally in a one-year period is estimated to be 86,526.

Specialty Diagnostic Radiology	Frequency 60941	Percentage 70.43 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
 28,842 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
 Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71111 is billed  
 approximately 28,842 times in total for Medicare patients nationally in a one-year period

Specialty Diagnostic Radiology	Frequency 20314	Percentage 70.43 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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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

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### **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 71111

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
13	<b>ISSUE: Ribs X-Ray</b>																			
14	<b>TAB: 30</b>																			
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF	72070	Radiologic examination, spine; thoracic, 2 views	27	0.058			0.22			5	1					3			1
18	2nd REF	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	7	0.049			0.31			8	1					5			2
19	Sep-14	71100	Radiologic examination, ribs, unilateral; 2 views		0.044			0.22			6	1					4			1
20	SVY	71100	Radiologic examination, ribs, unilateral; 2 views	50	0.049	0.17	0.22	0.24	0.27	0.40	6	1			2	2	4	5	10	1
21	REC				0.044			0.22			6	1					4			1
22																				
23																				
24						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
25	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
26	1st REF	73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	23	0.045			0.27			7	1					5			1
27	2nd REF	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	8	0.049			0.31			8	1					5			2
28	CMS/Other	71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views		0.000			0.27			7									
29	SVY	71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	50	0.049	0.18	0.27	0.29	0.33	0.50	7	1			2	3	5	7	15	1
30	REC				0.045			0.27			7	1					5			1
31																				
32																				
33						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
34	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
35	1st REF	73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	16	0.045			0.27			7	1					5			1
36	2nd REF	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	10	0.049			0.31			8	1					5			2
37	CMS/Other	71110	Radiologic examination, ribs, bilateral; 3 views		0.000			0.27			7									
38	SVY	71110	Radiologic examination, ribs, bilateral; 3 views	50	0.046	0.18	0.29	0.32	0.36	0.70	8	1			2	4	6	7	13	1
39	REC				0.041			0.29			8	1					6			1
40																				
41																				
42						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
43	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
44	1st REF	72052	Radiologic examination, spine, cervical; 6 or more views	13	0.059			0.36			8	1					5			2
45	2nd REF	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	11	0.051			0.32			8	1					5			2
46	Harvard	71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views		0.000			0.32			5						5			
47	SVY	71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	50	0.042	0.22	0.33	0.36	0.40	0.80	10	1			3	5	7	8	15	2
48	REC				0.039			0.32			9	1					7			1

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs,  
CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
CT Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
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

April 5, 2016  
Date

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs, 31/CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Ezequiel Silva III, MD, FACR  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

<b>71100</b>	Radiologic examination, ribs, unilateral; 2 views
<b>71101</b>	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views
<b>71110</b>	Radiologic examination, ribs, bilateral; 3 views
<b>71111</b>	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

*The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for the X-ray ribs code family 71100, 71101, 71110, and 71111.*

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 society included the existing PE inputs for codes 71100, 71101, 71110, and 71111 on the spreadsheet to serve as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Prepare room, equipment, supplies** - 2 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Prepare and position patient/ monitor patient/ set up IV** - 2 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Clean room/equipment by physician staff** – 3 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Review examination with interpreting MD** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.

- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue** - CMS proposed a standard of 1 minute as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **PACS Workstation Proxy** – This is equal to the service period clinical labor time.
- **Professional PACS Workstation** - This is equal to the sum of the physician work pre and intra 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
- Assist physician in performing procedure/ 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	F	H	J	L	N	P	R	T
1				REF CODE	REF CODE		REF CODE		REF CODE		REF CODE	
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			71100	71100	71100	71101	71101	71110	71110	71111	71111
	Meeting Date: April 2016 Tab: 30 - X-Ray Ribs Specialty: ACR	CMS Code	Staff Type	Radiologic examination, ankle; 2 views (Aug 2003)	Radiologic examination, ribs, unilateral; 2 views (Sept 2014)	Radiologic examination, ribs, unilateral; 2 views (April 2016)	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views (Aug 2003)	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views (April 2016)	Radiologic examination, ribs, bilateral; three views (Aug 2003)	Radiologic examination, ribs, bilateral; three views (April 2016)	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views (Aug 2003)	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views (April 2016)
3	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
4	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5	TOTAL CLINICAL LABOR TIME	L041B	Rad Tech	16.0	21.0	21.0	19.0	23.0	20.0	24.0	27.0	29.0
6	TOTAL PRE-SERV CLINICAL LABOR TIME	L041B	Rad Tech	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L041B	Rad Tech	16.0	21.0	21.0	19.0	23.0	20.0	24.0	27.0	29.0
8	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	0.0
9	PRE-SERVICE											
10	SERVICE PERIOD											
21	Start: When patient enters office/facility for surgery/procedure:											
22	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Rad Tech	3	3	3	3	3	3	3	3	3
23	Obtain vital signs											
24	Provide pre-service education/obtain consent											
25	Prepare room, equipment, supplies	L041B	Rad Tech	1	2	2	1	2	1	2	1	2
26	Setup scope (non facility setting only)											
27	Prepare and position patient/ monitor patient/ set up IV	L041B	Rad Tech	1	2	2	1	2	1	2	1	2
28	Sedate/apply anesthesia											
29	Other Clinical Activity - specify:											
30	Intra-service											
31	Acquire images	L041B	Rad Tech	6	6	6	8	8	9	9	14	14
32	Post-Service											
33	Monitor pt. following moderate sedation											
34	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)											
35	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)											
36	Clean room/equipment by physician staff	L041B	Rad Tech	2	3	3	2	3	2	3	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	Other Clinical Activity - specify:											
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech	3	2	2	4	2	4	2	6	2
44	Review examination with interpreting MD	L041B	Rad Tech		2	2		2		2		2
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	Rad Tech		1	1		1		1		1
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	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	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	n/a
49	End: Patient leaves office											
50	POST-SERVICE Period											
51	MEDICAL SUPPLIES*											
63	CODE	UNIT										
64	gown, patient	SB026	item	1	1	1	1	1	1	1	1	1
65	EQUIPMENT											
66	CODE											
67	room, basic radiology	EL012		16	15	15	19	17	20	18	27	23
68	PACS Workstation Proxy	ED050			21	21	19	23	20	24	27	29
69	Professional PACS Workstation	NEW				5		6		7		8



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
***\*CMS High Expenditure Procedures\****

April 2016

**CT Chest**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010.

**Compelling Evidence**

The specialty society presented compelling evidence for code 71250. The society noted that a flawed methodology was used in the previous valuation for this service as instead of accepting the RUC recommended value of 1.16, CMS assigned a work RVU of 1.02 based on the single lowest response to the survey. The RUC agreed that using a work RVU based on the survey minimum RVU is statistically invalid and inappropriate. The RUC accepted that there is compelling evidence that 71250 was originally valued using a flawed methodology.

***71250 Computed tomography, thorax; without contrast material***

The RUC reviewed the survey results from 76 radiologists and agreed on 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 RUC reviewed the respondents' estimated 25<sup>th</sup> percentile work RVU of 1.19, and agreed that reaffirming the October 2009 RUC recommended work RVU of 1.16 is supported by the new survey data. The RUC also noted that this value has appropriate rank order relative to the other codes in the family. The RUC compared the survey code to MPC code 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.27, intra-service time of 15 minutes, total time of 25 minutes) and noted that both services have identical intra-service and total times, whereas the survey is somewhat less intense. The RUC also compared the survey code to CPT code 78071 *Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)* (work RVU= 1.20, intra-service time of 15 minutes, total time of 25 minutes) and noted that both services have identical intra-service and total times and involve similar amounts of physician work.

As the RUC agreed that its prior recommendation for 71250 was still appropriately relative, the RUC re-affirmed the recommendations made for this code at the October 2009 RUC meeting:

The RUC reviewed survey data from nearly 60 physicians who frequently perform this service. The specialty recommended a pre-service time of 5 minutes based on the survey results and the RUC concurred. The RUC also agreed that the surveyed intra-service of 15 minutes and immediate post service time of 5 minutes were typical for the physician work required for the service. The total time of 25 minutes is comparable to the 22 minutes of total time assumed by CMS.

The RUC compared 71250 to key reference service 71260 *Computed tomography, thorax; with contrast material(s)* (work RVU = 1.24, with pre, intra, and post service times of 3, 15, and 5 minutes respectively), and noted that the survey respondents indicated that in general a CT of the thorax without contrast is a slightly less intense service than one with contrast, as reflected in slightly lower values for the intensity and complexity measures. The RUC also compared 71250 to the specialty's multi-specialty points of comparison codes 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86, with pre, intra, and post service times of 5, 8, and 5 minutes respectively) and 74160 *Computed tomography, abdomen; with contrast material(s)* (work RVU = 1.27, with pre, intra, and post service times of 3, 15, and 5 minutes respectively).

The RUC agreed that there is significant evidence to support the current valuation, given changes in technology and the patient population. The RUC and the specialty cited the following as evidence to maintain the work relative value of 1.16 for CT of the thorax:

- Modern CT technology produces an increased amount of data to be reviewed and interpreted. Because of the improved spatial resolution and multi-planar reformation of the data, a higher level of diagnostic specificity and accuracy is expected, and the number of possible protocols to be considered in the pre-service period by the interpreting physician has increased. Many patients require prone and supine imaging with both inspiration and expiration for the evaluation of interstitial lung disease. Further, 2D reconstructions (previously separately billable using code 76375 *Coronal, sagittal, multiplanar, oblique, 3-dimensional and/or holographic reconstruction of computed tomography, magnetic resonance imaging, or other tomographic modality* in 2005 with 0.16 work RVUs) were bundled into the base code in 2006 and are now being considered an inherent part of the service.
- Using multi-detector row CT scanners, modern high resolution CT protocols are able to generate contiguous 1.25 mm images through the entirety of the lungs which are also used to create coronal 2D reconstructions to more accurately assess distribution of disease. As such, these examinations now generate more than 300 images for interpretation.
- The expectation of the referring physician is now much higher in terms of defining the various subtypes of interstitial lung disease and also in evaluating whether a lung nodule merits follow up or more aggressive intervention. The incidence of smoking-related lung disease continues to increase in the Medicare population, as does the ability to characterize these diseases with the advent of high resolution multi-detector CT. Current estimates are that pulmonary emphysema and the smoking related interstitial lung diseases – centrilobular emphysema, respiratory bronchiolitis interstitial lung disease (RBILD), desquamative interstitial

pneumonia (DIP), and Langerhan's cell histiocytosis (LCH) – are among the top ten causes of morbidity and mortality in the Medicare population and both morbidity and mortality from these illnesses are expected to increase by 2020.

- Because of refinements in technique and the ability to examine the entire lung, specific diagnoses of potentially reversible diseases such as RBILD and DIP can now be made and differentiated from irreversible diseases such as LCH and pulmonary fibrosis (usual interstitial pneumonia) without open lung biopsy or the need to institute potentially harmful empiric therapy without a definitive diagnosis. The extent and distribution of pulmonary centrilobular and bullous emphysema is now well characterized and critically important in both medical and surgical treatment planning.

While CT technology is changing rapidly, the adoption of newer techniques is not yet universal. The reasons for the increase in utilization of non-enhanced CT procedures are likely multi-factorial but concerns over the use of intravenous contrast and its potential nephrotoxicity in at-risk patients is felt to contribute at least in part to this increase.

Advances in CT technology have provided new indications for non-enhanced CT leading to volume growth. The most common indication for non-enhanced CT of the thorax is evaluation and follow-up of pulmonary nodules. The ability to detect small non-calcified pulmonary nodules has increased dramatically in recent years with high-resolution exam protocols. And while any of these nodules could represent small malignancies, most of the nodules are benign. The protocol for following likely benign pulmonary nodules developed by the Fleischner Society stated that pulmonary nodules should be followed with serial CT examinations for two years to assure benignity. Recent literature has prompted a re-evaluation of these guidelines by the Fleischner Society with the end result being a statement that will drastically reduce the number of follow-up examinations in low-risk patients with nodules less than 8 mm in size. These recommendations are supported by pulmonary medicine and thoracic surgery societies as well, and it is expected that the volume of these service will likely decrease in the future as these practice guidelines are established in the community.

From the survey results, comparison of similar services, rank order maintenance, and considerations regarding the rationale for the volume growth in the service, the RUC agreed that the physician work relative value should be maintained at its current value of 1.16 work RVUs, which was lower than the survey's 25% percentile of 1.20. The RUC acknowledges the growth in CT scans in the Medicare population. However, there is no evidence that this growth has led to a reduction in physician resources, as confirmed by the recent survey time data.

**The RUC recommends maintaining the relative work value for CPT code 71250 of 1.16.**

**The RUC recommends a work RVU of 1.16 for CPT code 71250.**

**71260 Computed tomography, thorax; with contrast material(s)**

The RUC reviewed the survey results from 76 radiologists and agreed on the following physician time components: pre-service time of 5 minutes, intra-service time of 16 minutes and post-service time of 5 minutes.

The RUC reviewed the respondents' estimated 25<sup>th</sup> percentile work RVU of 1.27, and agreed that maintaining the current work RVU of 1.24 is supported by the new survey data. The RUC compared the survey code to MPC code 73721 *Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material* (work RVU= 1.35, intra-service time of 20 minutes, total time of 30 minutes) and noted that both services have identical intra-service and total times and involve similar physician work. **The RUC recommends a work RVU of 1.24 for CPT code 71250.**

**71270 Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections**

The RUC reviewed the survey results from 76 radiologists and agreed on the following physician time components: pre-service time of 5 minutes, intra-service time of 20 minutes and post-service time of 5 minutes.

The RUC reviewed the respondents' estimated 25<sup>th</sup> percentile work RVU of 1.40, and agreed that maintaining the current work RVU of 1.38 is supported by the new survey data. The RUC compared the survey code to MPC code 73721 *Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material* (work RVU= 1.35, intra-service time of 20 minutes, total time of 30 minutes) and noted that both services have identical intra-service and total times and while the survey code involves somewhat more physician work. The RUC also compared the survey code to MPC code 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.40, intra-service time of 18 minutes, total time of 28 minutes, and noted that the survey code has slightly more intra-service and total times, supporting a work RVU of 1.38 for the survey code. **The RUC recommends a work RVU of 1.38 for CPT code 71270.**

**Practice Expense**

A detailed discussion was convened regarding specialty society's recommendation to include 3 minutes for the CT Technologist (L046A) to *Technologist QC's images in PACS, checking for all images, reformats, and dose page* (line 44). Often this clinical labor input requires 2 minutes of clinical staff time, however this line item does not have a standard time. An additional minute above the typical is warranted for these CT Chest codes. During the discussion, precedent was cited from the practice expense review for Mammography services and Cardiac MR services.

The RUC recommends the direct practice expense inputs as submitted by the specialty and reviewed and approved by the Practice Expense Subcommittee.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
71250 (f)	Computed tomography, thorax; without contrast material	XXX	1.16
71260	Computed tomography, thorax; with contrast material(s)	XXX	1.24 (No Change)
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	XXX	1.38 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 71250	Tracking Number	Original Specialty Recommended RVU: <b>1.16</b>
		Presented Recommended RVU: <b>1.16</b>
Global Period: XXX		RUC Recommended RVU: <b>1.16</b>
CPT Descriptor: Computed tomography, thorax; without contrast material		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65-year-old female smoker has developed progressive dyspnea over the past six months. Chest radiograph demonstrates a basilar interstitial abnormality. A CT scan of the thorax is requested for further evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history.

Review any prior imaging studies.

Determine the appropriate CT protocol for the examination, confirm that noncontrast-only images are indicated and determine the need for prone imaging and additional 2D reconstructions.

Communicate protocol to the CT technologists.

Description of Intra-Service Work: Supervise acquisition of scout views, prescribe area of coverage, and supervise acquisition of axial source image sections.

Review initial and subsequent series of CT image data to assure adequacy of anatomic coverage and assess need for repeat sections or reconstruction of thin sections in specific locations.

Supervise reconstruction of coronal and/or sagittal 2D multiplanar reformatted (MPR) images; assess need for oblique or other 2D images.

Evaluate and interpret findings related to the trachea, bronchi, and distal airways.

Evaluate and interpret findings within the lung parenchyma including the interstitium, lobular units, and pleura using supine, and when necessary prone series, as well as reformatted images with lung algorithm/lung window.

Evaluate and interpret findings related to the lung hila and mediastinum, including the heart, aorta and arch vessels, mediastinal lymph nodes, and esophagus.

Evaluate and interpret findings related to the chest wall structures including bones, axillae and soft tissues in axial, sagittal, and coronal planes using bone and soft tissue windows.

Evaluate and interpret findings related to the base of neck and upper abdomen in axial and reformatted projections using soft tissue and bone windows. Compare current findings to previous studies. Dictate report for medical record.

Description of Post-Service Work: Review, edit, and sign report for medical record.  
Discuss findings with referring provider as needed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt Schoppe, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71250				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	76	<b>Response:</b> 7.6 %	
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	22.00	55.00	188.00	500.00	5000.00
<b>Survey RVW:</b>	0.80	1.19	1.25	1.30	1.90
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	4.00	10.00	15.00	18.00	30.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	71250	<b>Recommended Physician Work RVU: 1.16</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74150	XXX	1.19	RUC Time

CPT Descriptor Computed tomography, abdomen; without contrast material**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74176	XXX	1.74	RUC Time

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76805	XXX	0.99	RUC Time	11,650

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
70470	XXX	1.27	RUC Time	138,206

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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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: 51      % of respondents: 67.1 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 10.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>71250</u></b>	<b>Top Key Reference CPT Code: <u>74150</u></b>	<b>2nd Key Reference CPT Code: <u>74176</u></b>
Median Pre-Service Time	5.00	3.00	5.00
Median Intra-Service Time	15.00	12.00	22.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>25.00</b>	<b>20.00</b>	<b>32.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.45	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.31	0.38
Urgency of medical decision making	0.10	0.13

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.22	0.25
Physical effort required	0.12	0.13

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.22	0.25
Outcome depends on the skill and judgment of physician	0.18	0.38
Estimated risk of malpractice suit with poor outcome	0.37	0.63

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.27	0.50
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT Codes 71260 (*Computed tomography, thorax; with contrast material*) and 71270 (*Computed tomography, thorax; without contrast material, followed by contrast material and further sections*) were identified as potentially misvalued in the High Expenditure by Specialty Table 8 of the 2016 MPFS NPRM. The family of surveyed codes was expanded to include 71250 (*Computed tomography, thorax; without contrast material*).

CPT Code	Descriptor	Current Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWP/UT
71250	CT chest; without contrast material	1.02	5	15	5	25	0.053
71260	CT chest; with contrast material	1.24	3	15	5	23	0.071
71270	CT chest; without contrast material, followed by contrast material and further sections	1.38				26*	

\*71270 is a CMS/Other code

**Survey Process**

The American College of Radiology (ACR) conducted a random survey of members and assembled an expert panel to review the data and develop the following recommendations.

**Summary of Recommendation for all codes**

We are recommending the current value for the all three codes in the CT Chest family. These values are below the 25<sup>th</sup> percentile of the survey results for all three codes. We believe the current value for 71250 should be 1.16, which was the RUC recommended value at the time of the last survey in October 2009, as opposed to 1.02, and will describe our position in the compelling evidence section.

We recommend 5 minutes of time for both pre- and post-service activities in all three codes. These times are consistent with both the current survey and recently valued CT codes.

### Compelling Evidence

We are requesting an increase in value for only one code in this family, 71250 (*CT chest; without contrast*). This code was last presented at the October 2009 RUC meeting. The RUC recommended a value of 1.16, which was below the 25<sup>th</sup> percentile survey wRVU of 1.20. CMS subsequently assigned a wRVU of 1.02 to this code, which was based on the single lowest survey response. We believe this methodology is inconsistent with the standards of the RUC and is statistically invalid. The current 2016 survey has 76 respondents, compared with 60 respondents in 2009. The 25<sup>th</sup> percentile wRVU response of 1.19 in the 2016 survey closely parallels the 25<sup>th</sup> percentile value of 1.20 from 2009. This consistency highlights the validity of the survey process.

There are two additional considerations within this family of codes that support compelling evidence for an increase in value within the family. 71270 (*CT chest; without contrast followed by contrast*) is a CMS/Other code, a valuation methodology that is also considered flawed. As well, the population of patients for 71250 has changed. As was discussed in the rationale from the October 2009 RUC, the development and spread of guidelines that limit the number of follow up Chest CT exams for pulmonary nodules has continued to increase with time (e.g. Fleischner Society and now LUNG-Rads). This changes the patient pool for 71250, which is now more frequently used for intensive evaluation of intrinsic lung diseases, such as emphysema, interstitial pneumonias, and other acquired chronic parenchymal diseases. Accurate characterization of these disease entities is important for treatment planning, and this necessitates more intense physician work during the interpretation of the study.

In conclusion, the methodologies used for valuation of codes 71250 and 71270 should be considered flawed, and the patient population for 71250 has changed. For these reasons, we believe the threshold for compelling evidence has been met.

### 71250

#### Work RVU Recommendation:

We recommend a work RVU of 1.16 for 71250, which is below the 25<sup>th</sup> percentile survey value.

#### Time Recommendation:

We recommend the median survey times of 5 minutes pre-service, 15 minutes intra-service, and 5 minutes post-service.

#### Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74150 (*CT abdomen; without contrast*) chosen by 67% of respondents and 74176 (*CT abdomen and pelvis; without contrast*) chosen by 10% of respondents. Our recommendation for 71250 is a work value below both of these reference services; however, both the total and intra-service times for 71250 fall between the two reference codes. The surveyed code scored slightly more complex on all complexity measurements compared with both KRS codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71250</b>	<b>CT chest; without contrast</b>	<b>1.16</b>	<b>25</b>	<b>5</b>	<b>15</b>	<b>5</b>	<b>0.062</b>
74150	CT abdomen; without contrast	1.19	20	3	12	5	0.084
74176	CT abdomen and pelvis; without contrast	1.74	32	5	22	5	0.069

#### MPC Codes:

The surveyed code compares well with two other MPC codes: 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*), and 70470 (*Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections*). While these three codes have similar total times, the surveyed code has an intermediate wRVU between the two MPC codes, which is appropriate given the intensity of the work between the codes as well as the comparison across imaging modalities.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
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76805	US pregnant uterus, fetal and maternal, after first trimester	0.99	26	5	15	6
<b>71250</b>	<b>CT chest; without contrast</b>	<b>1.16</b>	<b>25</b>	<b>5</b>	<b>15</b>	<b>5</b>
70470	CT head; without contrast	1.27	25	5	15	5

**Family of Codes:**

Our recommendations for 71250 fit appropriately within the family of Chest CT codes and maintain proper relativity.

CPT Code	Descriptor	Recommended Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
71250	CT chest; without contrast material	1.16	5	15	5	25	0.062
71260	CT chest; with contrast material	1.24	5	16	5	26	0.064
71270	CT chest; without contrast material, followed by contrast material	1.38	5	20	5	30	0.058

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- 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)

- 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) 71250

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology

How often? Commonly

Specialty

How often?

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4975413

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 71250 provided nationally in a one-year period is estimated to be 4,975,413.

Specialty Diagnostic Radiology	Frequency 4710023	Percentage 94.66 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,658,471 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71250 is billed approximately 1,658,471 times in total for Medicare patients nationally in a one-year period

Specialty Diagnostic Radiology	Frequency 1570008	Percentage 94.66 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Advanced imaging

BETOS Sub-classification Level II:

CAT/CT/CTA: Other

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### **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 71250

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: 71260	Tracking Number	Original Specialty Recommended RVU: <b>1.24</b>
		Presented Recommended RVU: <b>1.24</b>
Global Period: XXX		RUC Recommended RVU: <b>1.24</b>
CPT Descriptor: Computed tomography, thorax; with contrast material(s)		

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with a history of smoking presents with persistent cough. Chest radiographs demonstrate mediastinal widening and new interstitial opacities on the left. A contrast enhanced CT of the chest is ordered. [Note: 3D rendering, if ordered and performed, is coded separately. Interpretation of 2D thin section coronal and/or sagittal reformatted images is included and not separately reported with 71260.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

#### Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 0%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history including history of contrast allergy, renal insufficiency, or other contraindication to IV contrast.

Review any prior imaging studies. Determine the appropriate CT protocol for the examination and communicate that protocol to the CT technologists.

Description of Intra-Service Work: Supervise insertion of IV catheter, selection of contrast media, and set-up of mechanical injector. Obtain and interpret scout views of area to be imaged.

Supervise administration of intravenous contrast. Review initial and subsequent series of CT image data to assure adequacy of anatomic coverage and assess need for repeat sections.

Create and/or supervise reconstruction of coronal and/or sagittal 2D multiplanar reformatted (MPR) images.

Evaluate and interpret findings related to the trachea, bronchi, and distal airways.

Evaluate and interpret findings within the lung parenchyma including the interstitium, lobular units, and pleura using, as well as reformatted images with lung and/or soft tissue algorithm.

Evaluate and interpret findings related to the lung hila and mediastinum, including the heart, aorta and arch vessels, mediastinal lymph nodes, and esophagus. Evaluate and interpret findings related to the chest wall structures including bones, axillae and soft tissues in axial, sagittal, and coronal planes using bone and soft tissue windows.

Evaluate and interpret findings related to the base of neck and upper abdomen in axial and reformatted projections using soft tissue and bone windows.

Compare current findings to previous studies. Dictate report for the medical record.

Description of Post-Service Work: Review, edit, and sign final report for the medical record.  
Discuss findings with referring physician as needed.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt Schoppe, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71260				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	76	<b>Response:</b>	7.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	2.00	44.00	175.00	500.00	8000.00
<b>Survey RVW:</b>	0.99	1.27	1.35	1.41	1.90
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	10.00	16.00	20.00	35.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	71260	<b>Recommended Physician Work RVU: 1.24</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	16.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74160	XXX	1.27	RUC Time

CPT Descriptor Computed tomography, abdomen; with contrast material(s)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74176	XXX	1.74	RUC Time

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
73721	XXX	1.35	RUC Time	610,205

CPT Descriptor 1 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
70470	XXX	1.27	RUC Time	138,206

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 49      % of respondents: 64.4 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 10.5 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>71260</u>	Top Key Reference CPT Code: <u>74160</u>	2nd Key Reference CPT Code: <u>74176</u>
Median Pre-Service Time	5.00	3.00	5.00
Median Intra-Service Time	16.00	15.00	22.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>26.00</b>	<b>23.00</b>	<b>32.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.31	0.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.10	0.38
Urgency of medical decision making	0.24	0.38

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.16	0.38
Physical effort required	0.12	0.38

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.20	0.75
Outcome depends on the skill and judgment of physician	0.22	0.50
Estimated risk of malpractice suit with poor outcome	0.45	0.88

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.18	0.63
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT Codes 71260 (*Computed tomography, thorax; with contrast material*) and 71270 (*Computed tomography, thorax; without contrast material, followed by contrast material and further sections*) were identified as potentially misvalued in the High Expenditure by Specialty Table 8 of the 2016 MPFS NPRM. The family of surveyed codes was expanded to include 71250 (*Computed tomography, thorax; without contrast material*).

CPT Code	Descriptor	Current Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWP/UT
71250	CT chest; without contrast material	1.02	5	15	5	25	0.053
71260	CT chest; with contrast material	1.24	3	15	5	23	0.071
71270	CT chest; without contrast material, followed by contrast material and further sections	1.38				26*	

\*71270 is a CMS/Other code

**Survey Process**

The American College of Radiology (ACR) conducted a random survey of members and assembled an expert panel to review the data and develop the following recommendations.

**Summary of Recommendation for all codes**

We are recommending the current value for the all three codes in the CT Chest family. These values are below the 25<sup>th</sup> percentile of the survey results for all three codes. We believe the current value for 71250 should be 1.16, which was the RUC recommended value at the time of the last survey in October 2009, as opposed to 1.02, and this discussion is located in the compelling evidence section of the 71250 SOR.

We recommend 5 minutes of time for both pre and post-service activities in all three codes. These times are consistent with both the current survey and recently valued CT codes.

**71260****Work RVU Recommendation:**

We recommend maintaining the current work RVU of 1.24 for 71260, which is below the 25<sup>th</sup> percentile survey value.

**Time Recommendation:**

We recommend the median survey times of 5 minutes pre-service, 16 minutes intra-service, and 5 minutes post-service.

**Key Reference Services:**

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74160 (*CT abdomen; with contrast*) chosen by 64% of respondents and 74176 (*CT abdomen and pelvis; without contrast*) chosen by 10% of respondents. Our recommendation for 71260 is a work value below both of these reference services; however, the total time for 71260 falls between the two reference codes, while the intra-service time is the same as the most commonly chosen reference service (74160). As well, the surveyed code scored almost identical to the most commonly selected KRS across all complexity measurements. Of note, the 25<sup>th</sup> percentile survey wRVU for 71260 recommended by the survey respondents is equivalent to the first KRS (74160).

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71260</b>	<b>CT chest; with contrast</b>	<b>1.24</b>	<b>25</b>	<b>5</b>	<b>16</b>	<b>5</b>	<b>0.064</b>
74160	CT abdomen; with contrast	1.27	23	3	15	5	0.073
74176	CT abdomen and pelvis; without contrast	1.74	32	5	22	5	0.069

**MPC Codes:**

The surveyed code compares well with two other MPC codes: 73721 (*Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material*), and 70470 (*Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections*). While these three codes have similar total times, the surveyed code has an intermediate wRVU as well as total and intra-service times between the two MPC codes, which is appropriate given the differences in intensity of the work between the codes as well as the comparison across imaging modalities.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
<b>71260</b>	<b>CT chest; with contrast</b>	<b>1.24</b>	<b>26</b>	<b>5</b>	<b>16</b>	<b>5</b>
70470	CT head; without contrast	1.27	25	5	15	5
73721	MR joint, lower extremity; without contrast	1.35	30	5	20	5

**Family of Codes:**

Our recommendations for 71260 fit appropriately within the family of Chest CT codes.

CPT Code	Descriptor	Recommended Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
71250	CT chest; without contrast material	1.16	5	15	5	25	0.062
71260	CT chest; with contrast material	1.24	5	16	5	26	0.064
71270	CT chest; without contrast material, followed by contrast material	1.38	5	20	5	30	0.058

**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) 71260

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4988406

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 71260 provided nationally in a one-year period is estimated to be 4,988,406.

Specialty Diagnostic Radiology                      Frequency 4767619                      Percentage 95.57 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,662,802 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71260 is billed approximately 1,662,802 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 1589206                      Percentage 95.57 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Advanced imaging

BETOS Sub-classification Level II:

CAT/CT/CTA: Other

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**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 71260

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: 71270	Tracking Number	Original Specialty Recommended RVU: <b>1.38</b>
		Presented Recommended RVU: <b>1.38</b>
Global Period: XXX		RUC Recommended RVU: <b>1.38</b>

CPT Descriptor: Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 76-year-old female presents with dyspnea and hemoptysis. Prior chest radiograph showed an abnormality suspicious for a vascular lesion. A CT scan of the thorax with and without contrast is requested for further evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 0%

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history including history of contrast allergy, renal insufficiency, or other contraindication to IV contrast.

Review any prior imaging studies.

Determine the appropriate CT protocol for the examination, confirm that both pre- and post-contrast images are indicated, and communicate that protocol to the CT technologists.

Description of Intra-Service Work: Supervise insertion of IV catheter, selection of contrast media, and set-up of mechanical injector. Obtain and interpret scout views of area to be imaged.

Obtain and review non-contrast CT images to ensure proper anatomic coverage prior to contrast administration.

Supervise administration of intravenous contrast.

Obtain and review post-contrast CT images, and assess need for additional delayed images if necessary.

Review initial and subsequent series of CT image data to assure adequacy of anatomic coverage and assess need for repeat sections.

Create and/or supervise reconstruction of coronal and/or sagittal 2D multiplanar reformatted (MPR) images.

Evaluate and interpret findings related to the trachea, bronchi, and distal airways.

Evaluate and interpret findings within the lung parenchyma including the interstitium, lobular units, and pleura using, as well as reformatted images with lung and/or soft tissue algorithm.

Evaluate and interpret findings related to the lung hila and mediastinum, including the heart, aorta and arch vessels, mediastinal lymph nodes, and esophagus.



Evaluate and interpret findings related to the chest wall structures including bones, axillae and soft tissues in axial, sagittal, and coronal planes using bone and soft tissue windows.

Evaluate and interpret findings related to the base of neck and upper abdomen in axial and reformatted projections using soft tissue and bone windows.

Specifically compare pre- and post-contrast images of pertinent findings and vascular/mediastinal structures.

Compare current findings to previous studies.

Dictate report for the medical record.

Description of Post-Service Work: Review, edit, and sign final report for the medical record.

Discuss findings with referring physician as needed.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt Schoppe, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	71270				
<b>Sample Size:</b>	1000	<b>Resp N:</b>	76	<b>Response:</b>	7.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 1000 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	1.00	22.00	50.00	150.00	2000.00
<b>Survey RVW:</b>	0.95	1.40	1.45	1.61	2.10
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	12.00	20.00	25.00	40.00
<b>Immediate Post Service-Time:</b>	<u>5.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	71270	<b>Recommended Physician Work RVU: 1.38</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	20.00			
<b>Please, pick the <u>post-service</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74170	XXX	1.40	RUC Time

CPT Descriptor Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74176	XXX	1.74	RUC Time

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
73721	XXX	1.35	RUC Time	610,205

CPT Descriptor 1 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99203	XXX	1.42	RUC Time	10,547,995

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 36      % of respondents: 47.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 14      % of respondents: 18.4 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>71270</u></b>	<b>Top Key Reference CPT Code: <u>74170</u></b>	<b>2nd Key Reference CPT Code: <u>74176</u></b>
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	20.00	18.00	22.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>30.00</b>	<b>28.00</b>	<b>32.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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### **Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.21
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.06	0.43
Urgency of medical decision making	0.28	0.36

### **Technical Skill/Physical Effort (Mean)**

Technical skill required	0.06	0.43
Physical effort required	0.22	0.57

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.06	0.64
Outcome depends on the skill and judgment of physician	0.06	0.36
Estimated risk of malpractice suit with poor outcome	0.44	0.86

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.31	0.43
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT Codes 71260 (*Computed tomography, thorax; with contrast material*) and 71270 (*Computed tomography, thorax; without contrast material, followed by contrast material and further sections*) were identified as potentially misvalued in the High Expenditure by Specialty Table 8 of the 2016 MPFS NPRM. The family of surveyed codes was expanded to include 71250 (*Computed tomography, thorax; without contrast material*).

CPT Code	Descriptor	Current Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWP/UT
71250	CT chest; without contrast material	1.02	5	15	5	25	0.053
71260	CT chest; with contrast material	1.24	3	15	5	23	0.071
71270	CT chest; without contrast material, followed by contrast material and further sections	1.38				26*	

\*71270 is a CMS/Other code

**Survey Process**

The American College of Radiology (ACR) conducted a random survey of members and assembled an expert panel to review the data and develop the following recommendations.

**Summary of Recommendation for all codes**

We are recommending the current value for the all three codes in the CT Chest family. These values are below the 25<sup>th</sup> percentile of the survey results for all three codes. We believe the current value for 71250 should be 1.16, which was the RUC recommended value at the time of the last survey in October 2009, as opposed to 1.02, and this discussion is located in the compelling evidence section of the 71250 SOR.

We recommend 5 minutes of time for both pre- and post-service activities in all three codes. These times are consistent with both the current survey and recently valued CT codes.

## 71270

### Work RVU Recommendation:

We recommend maintaining the current work RVU of 1.38 for 71270, which is below the 25<sup>th</sup> percentile survey value.

Even though 71270 is a CMS/Other code, we believe the current value is appropriate, given the survey responses and relativity within the Chest CT code family.

### Time Recommendation:

We recommend the median survey times of 5 minutes pre-service, 20 minutes intra-service, and 5 minutes post-service.

### Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74170 (*CT abdomen; without contrast, followed by contrast*) chosen by 47% of respondents and 74176 (*CT abdomen and pelvis; without contrast*) chosen by 18% of respondents. Our recommendation for 71270 is a work value below both of these reference services; however, the total time for 71270 falls between the two reference codes, while the total and intra-service times are between the two reference services. As well, the surveyed code scored slightly more complex across all complexity measurements compared to the two reference services. Of note, the 25<sup>th</sup> percentile survey wRVU for 71270 recommended by the survey respondents is equivalent to the first KRS (74170).

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
<b>71270</b>	<b>CT chest; without and with contrast</b>	<b>1.38</b>	<b>30</b>	<b>5</b>	<b>20</b>	<b>5</b>	<b>0.058</b>
74170	CT abdomen; without and with contrast	1.40	28	5	18	5	0.065
74176	CT abdomen and pelvis; without contrast	1.74	32	5	22	5	0.069

### MPC Codes:

The surveyed code compares well with two other MPC codes: 73721 (*Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material*), and 99203 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity*). These three codes have almost identical total times, while the surveyed code has an intermediate wRVU between the two MPC codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post
73721	MR joint, lower extremity; without contrast	1.35	30	5	20	5
<b>71270</b>	<b>CT chest; without and with contrast</b>	<b>1.38</b>	<b>30</b>	<b>5</b>	<b>20</b>	<b>5</b>
99203	Office or other outpatient visit for the evaluation and management of a new patient, Medical decision making of low complexity	1.42	29	4	20	5

### Family of Codes:

Our recommendations for 71270 fit appropriately within the family of Chest CT codes (See table on next page).

CPT Code	Descriptor	Recommended Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
71250	CT chest; without contrast material	1.16	5	15	5	25	0.062
71260	CT chest; with contrast material	1.24	5	16	5	26	0.064
71270	CT chest; without contrast material, followed by contrast material	1.38	5	20	5	30	0.058

**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) 71270

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 293310

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 71270 provided nationally in a one-year period is estimated to be 293,310.

Specialty Diagnostic Radiology                      Frequency 264411                      Percentage 90.14 %

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? 97,770 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 71270 is billed approximately 97,770 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 88137                      Percentage 90.14 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Advanced imaging

BETOS Sub-classification Level II:

CAT/CT/CTA: Other

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**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 71270

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
13	ISSUE: CT Chest																					
14	TAB: 31																					
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD		
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	
17	1st REF	74150	Computed tomography, abdomen; without contrast material	51	0.084			1.19			20	3				12				5		
18	2nd REF	74176	Computed tomography, abdomen and pelvis; without contrast material	8	0.069			1.74			32	5				22				5		
19	Oct-09	71250	Computed tomography, thorax; without contrast material		0.053			1.02			25	5				15				5		
20	SVY	71250	Computed tomography, thorax; without contrast material	76	0.068	0.80	1.19	1.25	1.30	1.90	25	5			4	10	15	18	30	5		
21	REC				0.062	1.16					25	5			15				5			
22																						
23						RVW					Total	PRE-TIME			INTRA-TIME					IMMD		
24	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	
25	1st REF	74160	Computed tomography, abdomen; with contrast material(s)	49	0.073			1.27			23	3				15				5		
26	2nd REF	74176	Computed tomography, abdomen and pelvis; without contrast material	8	0.069			1.74			32	5				22				5		
27	Aug-05	71260	Computed tomography, thorax; with contrast material(s)		0.071			1.24			23	3				15				5		
28	SVY	71260	Computed tomography, thorax; with contrast material(s)	76	0.070	0.99	1.27	1.35	1.41	1.90	26	5			5	10	16	20	35	5		
29	REC				0.064	1.24					26	5			16				5			
30																						
31						RVW					Total	PRE-TIME			INTRA-TIME					IMMD		
32	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	
33	1st REF	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	36	0.065			1.40			28	5				18				5		
34	2nd REF	74176	Computed tomography, abdomen and pelvis; without contrast material	14	0.069			1.74			32	5				22				5		
35	CMS/Other	71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections		#DIV/0!			1.38			26											
36	SVY	71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	76	0.061	0.95	1.40	1.45	1.61	2.10	30	5			5	12	20	25	40	5		
37	REC				0.058	1.38					30	5			20				5			

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs, 31/CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Ezequiel Silva III, MD, FACR  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs,  
CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
CT Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
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Signature

Kurt A. Schoppe, MD  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Global Period: XXX Meeting Date: April 2016

<b>71250</b>	Computed tomography, thorax; without contrast material
<b>71260</b>	Computed tomography, thorax; with contrast material(s)
<b>71270</b>	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

*The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for the CT chest code family 71250, 71260, and 71270.*

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 society included the existing PE inputs for codes 71250, 71260, and 71270 on the spreadsheet to serve as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
  - **Prepare room, equipment, supplies** – 2 minutes is the standard for most exams; however, we are requesting 4 minutes for 71260 and 71270 to allow additional time for the technologist to set up the contrast injector and prepare the contrast materials for injection.
  - **Prepare and position patient/ monitor patient/ set up IV-** 2 minutes is standard for non-contrast codes and consistent with prior CT exams. We recommended 5 minutes for the codes involving contrast (71260 and 71270) to allow for time for positioning the patient with the IV, connecting the patient to the contrast injector, and ensuring there are no impediments to table motion during the exam.
  - **Technologist QC's images in PACS, checking for all images, reformats, and dose page** – A standard of 2 minutes is appropriate for most plain radiograph codes; however, a CT exam generates hundreds of images as well as multiplanar reformats. The technologist requires additional time to prepare and review these images prior to finalizing them for the medical record. Allowing 3 minutes for this task is appropriate and fits within the overall relativity of radiology exams.
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Availability of prior images confirmed** – 2 minutes is standard on cross-sectional imaging codes. This line item did not exist when these codes were previously valued as it was created by the Film to Digital Workgroup.
- **Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist** – 2 minutes is standard on imaging codes. This line item did not exist when these codes were previously valued as it was created by the Film to Digital Workgroup.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page-** CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Review examination with interpreting MD-** CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue-** CMS proposed a standard of 1 minute as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Professional PACS Workstation** - This is equal to the sum of the physician work pre and intra time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Assist physician in performing procedure/ 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	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	Please note: If a supply has a purchase price of \$700 or more please bold the item name and CMS code.			71250		71250		71260		71260		71270		71270	
3	Meeting Date: April, 2016 Tab: CT Chest (Tab 31) Specialty: ACR	CMS Code	Staff Type	Computed tomography, thorax; without contrast material  (April 2003)		Computed tomography, thorax; without contrast material  (April 2016)		Computed tomography, thorax; with contrast material(s)  (April 2003)		Computed tomography, thorax; with contrast material(s)  (April 2016)		CT, thorax; without contrast material, followed by contrast material(s) and further sections  (April 2003)		CT, thorax; without contrast material, followed by contrast material(s) and further sections  (April 2016)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L046A	CT Tech	34.0	0.0	37.0	0.0	42.0	0.0	45.0	0.0	54.0	0.0	54.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L046A	CT Tech	0.0	0.0	4.0	0.0	0.0	0.0	4.0	0.0	0.0	0.0	4.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L046A	CT Tech	34.0	0.0	33.0	0.0	42.0	0.0	41.0	0.0	54.0	0.0	50.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L046A	CT Tech	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														
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	L046A	CT Tech			2				2				2	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L046A	CT Tech			2				2				2	
19	Other Clinical Activity - specify:														
20	- Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information	L046A	CT Tech	6				7				7			
21	End: When patient enters office/facility for surgery/procedure														
22	SERVICE PERIOD														
23	Start: When patient enters office/facility for surgery/procedure:														
24	Greet patient, provide gowning, ensure appropriate medical records are available	L046A	CT Tech	3		3		3		3		3		3	
25	Obtain vital signs														
26	Provide pre-service education/obtain consent	L046A	CT Tech	2		2		3		3		3		3	
27	Prepare room, equipment, supplies	L046A	CT Tech	2		2		4		4		4		4	
28	Setup scope (non facility setting only)														
29	Prepare and position patient/ monitor patient/ set up IV	L046A	CT Tech	2		2		5		5		5		5	
30	Sedate/apply anesthesia														
31	Other Clinical Activity - specify:														
32	Intra-service														
33	Acquire images	L046A	CT Tech	15		15		17		17		26		26	

	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.			71250		71250		71260		71260		71270		71270	
3	Meeting Date: April, 2016 Tab: CT Chest (Tab 31) Specialty: ACR	CMS Code	Staff Type	Computed tomography, thorax; without contrast material  (April 2003)		Computed tomography, thorax; without contrast material  (April 2016)		Computed tomography, thorax; with contrast material(s)  (April 2003)		Computed tomography, thorax; with contrast material(s)  (April 2016)		CT, thorax; without contrast material, followed by contrast material(s) and further sections  (April 2003)		CT, thorax; without contrast material, followed by contrast material(s) and further sections  (April 2016)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34	Post-Service														
35	Monitor pt. following moderate sedation														
36	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)														
37	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)														
38	Clean room/equipment by physician staff	L046A	CT Tech	3		3		3		3		3		3	
39	Clean Scope														
40	Clean Surgical Instrument Package														
41	Complete diagnostic forms, lab & X-ray requisitions														
42	Review/read X-ray, lab, and pathology reports														
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
44	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Tech			3				3				3	
45	Review examination with interpreting MD	L046A	CT Tech			2				2				2	
46	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L046A	CT Tech			1				1				1	
47	Other Clinical Activity - specify:														
48	- Process films, hang films and review study with interpreting MD prior to patient discharge	L046A	CT Tech	7				7				10			
49	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
50	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
51	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
52	End: Patient leaves office														
53	POST-SERVICE Period														
54	Start: Patient leaves office/facility														
55	Conduct phone calls/call in prescriptions														
56	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
57	99211 16 minutes		16												
58	99212 27 minutes		27												
59	99213 36 minutes		36												
60	99214 53 minutes		53												
61	99215 63 minutes		63												
62	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
63	Other Clinical Activity - specify:														
64	End: with last office visit before end of global period														
65	MEDICAL SUPPLIES*	CODE	UNIT												
66	kit, iv starter	SA019	kit					1		1		1		1	
67	drape, non-sterile, sheet 40in x 60in	SB006	item					1		1		1		1	
68	gloves, non-sterile	SB022	pair					1				1			
69	gown, patient	SB026	item	1		1		1		1		1		1	
70	paper, exam table	SB036	item	7		7		7		7		7		7	
71	angiocatheter 14g-24g	SC001	item					1		1		1		1	
72	heparin lock	SC012	item					1		1		1		1	
73	iv tubing (extension)	SC019	foot					1		1		1		1	
74	needle, 18-27g	SC029	item					1		1		1		1	
75	syringe 20ml	SC053	item					1		1		1		1	
76	bandage, strip 0.75in x 3in (Bandaid)	SG021	item					1				1			
77	gauze, sterile 2in x 2in	SG053	item					2				2			
78	tape, surgical paper 1in (Micropore)	SG079	inch					6		5		6		5	
79	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item					1		1		1		1	
80	povidone swabsticks (3 pack uou)	SJ043	item					1		1		1		1	
81	swab-pad, alcohol	SJ053	item					1				1			
82	EQUIPMENT	CODE													
83	room, CT	EL007		34		25		42		32		54		41	
84	PACS Workstation Proxy	ED050		34		33		42		41		54		50	
85	PACS Professional Workstation	NEW				20				21				25	

AMA/Specialty Society RVS Update Committee  
Summary of Recommendations  
*Originated from Five-Year Review – CMS Fastest Growing Screen*

October 2009

**CT Thorax**

In October 2008, CPT Code 71250 *Computed tomography, thorax; without contrast material* (Work RVU = 1.16) was identified by the RUC's Five-Year Identification Workgroup as one of the fastest growing services and had never been surveyed by the RUC. The RUC recommended a full RUC survey be conducted.

The RUC reviewed survey data from nearly 60 physicians who frequently perform this service. The specialty recommended a pre-service time of 5 minutes based on the survey results and the RUC concurred. The RUC also agreed that the surveyed intra-service of 15 minutes and immediate post service time of 5 minutes were typical for the physician work required for the service. The total time of 25 minutes is comparable to the 22 minutes of total time assumed by CMS.

The RUC compared 71250 to key reference service 71260 *Computed tomography, thorax; with contrast material(s)* (Work RVU = 1.24, with pre, intra, and post service times of 3, 15, and 5 minutes respectively), and noted that the survey respondents indicated that in general a CT of the thorax without contrast is a slightly less intense service than one with contrast, as reflected in slightly lower values for the intensity and complexity measures. The RUC also compared 71250 to the specialty's multi-specialty points of comparison codes 78306 *Bone and/or joint imaging; whole body* (Work RVU = 0.86, with pre, intra, and post service times of 5, 8, and 5 minutes respectively) and 74160 *Computed tomography, abdomen; with contrast material(s)* (Work RVU = 1.27, with pre, intra, and post service times of 3, 15, and 5 minutes respectively).

The RUC agreed that there is significant evidence to support the current valuation, given changes in technology and the patient population.. The RUC and the specialty cited the following as evidence to maintain the work relative value of 1.16 for CT of the thorax:

- Modern CT technology produces an increased amount of data to be reviewed and interpreted. Because of the improved spatial resolution and multi-planar reformation of the data, a higher level of diagnostic specificity and accuracy is expected, and the number of possible protocols to be considered in the pre-service period by the interpreting physician has increased. Many patients require prone and supine imaging with both inspiration and expiration for the evaluation of interstitial lung disease. Further, 2D reconstructions (previously separately billable using code 76375 *Coronal, sagittal, multiplanar, oblique, 3-*



*dimensional and/or holographic reconstruction of computed tomography, magnetic resonance imaging, or other tomographic modality* in 2005 with 0.16 work RVUs) were bundled into the base code in 2006 and are now being considered an inherent part of the service.

- Using multi-detector row CT scanners, modern high resolution CT protocols are able to generate contiguous 1.25 mm images through the entirety of the lungs which are also used to create coronal 2D reconstructions to more accurately assess distribution of disease. As such, these examinations now generate more than 300 images for interpretation.
- The expectation of the referring physician is now much higher in terms of defining the various subtypes of interstitial lung disease and also in evaluating whether a lung nodule merits follow up or more aggressive intervention. The incidence of smoking-related lung disease continues to increase in the Medicare population, as does the ability to characterize these diseases with the advent of high resolution multi-detector CT. Current estimates are that pulmonary emphysema and the smoking related interstitial lung diseases – centrilobular emphysema, respiratory bronchiolitis interstitial lung disease (RBILD), desquamative interstitial pneumonia (DIP), and Langerhan’s cell histiocytosis (LCH) – are among the top ten causes of morbidity and mortality in the Medicare population and both morbidity and mortality from these illnesses are expected to increase by 2020.
- Because of refinements in technique and the ability to examine the entire lung, specific diagnoses of potentially reversible diseases such as RBILD and DIP can now be made and differentiated from irreversible diseases such as LCH and pulmonary fibrosis (usual interstitial pneumonia) without open lung biopsy or the need to institute potentially harmful empiric therapy without a definitive diagnosis. The extent and distribution of pulmonary centrilobular and bullous emphysema is now well characterized and critically important in both medical and surgical treatment planning.

While CT technology is changing rapidly, the adoption of newer techniques is not yet universal. The reasons for the increase in utilization of non-enhanced CT procedures are likely multi-factorial but concerns over the use of intravenous contrast and its potential nephrotoxicity in at-risk patients is felt to contribute at least in part to this increase.

Advances in CT technology have provided new indications for non-enhanced CT leading to volume growth. The most common indication for non-enhanced CT of the thorax is evaluation and follow-up of pulmonary nodules. The ability to detect small non-calcified pulmonary nodules has increased dramatically in recent years with high-resolution exam protocols. And while any of these nodules could represent small malignancies, most of the nodules are benign. The protocol for following likely benign pulmonary nodules developed by the Fleischner Society stated that pulmonary nodules should be followed with serial CT examinations for two years to assure benignity. Recent literature has prompted a re-evaluation of these guidelines by the Fleischner Society with the end result being a statement that will drastically reduce the number of follow-up examinations in low-risk patients with nodules less than 8

mm in size. These recommendations are supported by pulmonary medicine and thoracic surgery societies as well, and it is expected that the volume of these service will likely decrease in the future as these practice guidelines are established in the community.

From the survey results, comparison of similar services, rank order maintenance, and considerations regarding the rationale for the volume growth in the service, the RUC agreed that the physician work relative value should be maintained at its current value of 1.16 work RVUs, which was lower than the survey's 25% percentile of 1.20. The RUC acknowledges the growth in CT scans in the Medicare population. However, there is no evidence that this growth has led to a reduction in physician resources, as confirmed by the recent survey time data.

**The RUC recommends maintaining the relative work value for CPT code 71250 of 1.16.**

#### **Practice Expense**

The Practice Expense Subcommittee reviewed all direct costs for CT in 2003 and did not believe that the direct inputs had changed in the past six years.

<b>CPT Code</b>	<b>Track- ing Number</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
71250		Computed tomography, thorax; without contrast material	XXX	1.16 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 71250  
Global Period: XXX

Tracking Number

Specialty Society Recommended RVU: **1.16**  
RUC Recommended RVU: **1.16**

CPT Descriptor: Computed tomography, thorax; without contrast material

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65 year old female smoker has developed progressive dyspnea over the past six months. Chest radiograph demonstrates basilar interstitial abnormality. Computed tomography of the thorax is requested for further evaluation.

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% , Kept overnight (less than 24 hours) 0% , Admitted (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%

Is moderate sedation inherent in your reference code (Office setting)? No

Is moderate sedation inherent in your reference code (Hospital/ASC setting)? No

**Description of Pre-Service Work:**

- Review the reason for the exam and any pertinent clinical history.
- Review any prior imaging studies.
- Determine the appropriate CT protocol for the examination, confirm that non-contrast only images are indicated and determine the need for prone imaging and additional 2D reconstructions.
- Communicate protocol to the CT technologists.

**Description of Intra-Service Work:**

- Supervise acquisition of scout views, prescribe area of coverage and supervise acquisition of axial source image sections.
- Review initial and subsequent series of CT image data to assure adequacy of anatomic coverage and assess need for repeat sections or reconstruction of thin sections in specific locations.
- Supervise reconstruction of coronal and/or sagittal 2-D multiplanar reformatted (MPR) images; assess need for oblique or other 2D images.
- Evaluate and interpret findings related to the trachea, bronchi and lung parenchyma using supine and prone sections and coronal images with lung algorithm/ lung windows at 1.5 mm intervals.
- Evaluate and interpret findings related to the lung hila, and mediastinum, including the heart, aorta and arch vessels, mediastinal lymph nodes, trachea, and esophagus.

- Evaluate and interpret findings related to the chest wall structures including osseous structures, axillae and soft tissues in axial, sagittal and coronal planes using bone and soft tissue windows.
- Evaluate and interpret findings related to the base of neck and upper abdomen in axial and coronal projection using soft tissue and bone windows.
- Compare current findings to previous studies.
- Dictate report for medical record.

Description of Post-Service Work:

- Review, edit and sign report for medical record.
- Discuss findings with referring physicians.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	10/2009					
<b>Presenter(s):</b>	Geraldine McGinty, MD, Ezequiel Silva, MD					
<b>Specialty(s):</b>	American College of Radiology					
<b>CPT Code:</b>	71250					
<b>Sample Size:</b>	350	<b>Resp N:</b>	59	<b>Response:</b> 16.8 %		
<b>Sample Type:</b>	Panel	<b>Additional Sample Information:</b>				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>	
<b>Service Performance Rate</b>	30.00	200.00	<b>300.00</b>	700.00	1900.00	
<b>Survey RVW:</b>	1.00	1.20	<b>1.24</b>	1.30	2.01	
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>			
<b>Pre-Service Positioning Time:</b>						
<b>Pre-Service Scrub, Dress, Wait Time:</b>						
<b>Intra-Service Time:</b>	5.00	11.00	<b>15.00</b>	18.00	30.00	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>					
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>				
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x			
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x		
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x			
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x	15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (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:  Select Pre-Service Package

<b>CPT Code:</b>	71250	<b>Recommended Physician Work RVU: 1.16</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments to Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>5.00</b>	<b>0.00</b>	<b>5.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>15.00</b>		
<b>Immediate Post Service-Time:</b>	<b>5.00</b>			
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>		
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b>	99292x <b>0.00</b>	
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.0</b>	99239x <b>0.0</b>	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b> 57x <b>0.00</b>

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
71260	XXX	1.24	RUC Time

CPT Descriptor Computed tomography, thorax; with contrast material(s)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
78306	XXX	0.86	RUC Time	581,384

CPT Descriptor 1 Bone and/or joint imaging; whole body

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74160	XXX	1.27	RUC Time	2,280,183

CPT Descriptor 2 Computed tomography, abdomen; with contrast material(s)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 35      % of respondents: 59.3 %

**TIME ESTIMATES (Median)**

	<b>CPT Code: 71250</b>	<b>Key Reference CPT Code: 71260</b>	<b>Source of Time RUC Time</b>
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
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	0.0	0.00	
Prolonged Services Time	0.0	0.00	
<b>Median Total Time</b>	<b>25.00</b>	<b>23.00</b>	
<b>Other time if appropriate</b>			

**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	4.06	4.15
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.69	3.70
Urgency of medical decision making	3.37	3.61

**Technical Skill/Physical Effort (Mean)**

Technical skill required	3.49	3.55
Physical effort required	2.59	2.69

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	3.43	3.67
Outcome depends on the skill and judgment of physician	4.06	4.06
Estimated risk of malpractice suit with poor outcome	4.23	4.25

**INTENSITY/COMPLEXITY MEASURES****CPT Code****Reference  
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	2.69	2.85
Intra-Service intensity/complexity	3.94	3.94
Post-Service intensity/complexity	2.97	3.00

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The ACR convened a panel that included a number of physicians familiar with this service to review the RUC survey data. The initial recommendation of the Society is for the median survey times of 5, 15 and 5 minutes of pre, intra and post-service time, respectively, with the 25<sup>th</sup> percentile RVU of 1.20. The current value for 71250 is 1.16, which was later the society's recommendation after discussions with the RUC.

The majority of the survey respondents chose as the reference service 71260, CT chest with contrast. The service is RUC valued with 1.24 RVU and pre, intra and post service times of 3, 15 and 5 minutes, respectively. The survey respondents felt that in general CT chest without contrast is a slightly less intense service, as reflected in slightly lower values indicated on 9 of 11 intensity measures. Respondents felt the service times were similar, but did indicate 5 minutes of pre-service time which we support based on the complex protocols involved, which are further illustrated below. We have indicated standard pre-service package 5, which includes 7 minutes of pre time. This has been reduced to a total of 5 minutes, congruent with our survey results.

The specialty believed there is compelling evidence to demonstrate that the current valuation may not be appropriate given changes in technology and the patient population which have increased physician work. Modern CT technology produces an increased amount of data to be reviewed and interpreted. Because of the improved spatial resolution and multi-planar reformation of the data, a higher level of diagnostic specificity and accuracy is expected.

The number of possible protocols to be considered in the pre-service period by the interpreting physician has increased. For example, many patients require prone and supine imaging with both inspiration and expiration for the evaluation of interstitial lung disease. Further, 2D reconstructions (previously separately billable using code 76375 with 0.20 RVU) are now considered an inherent part of the service.

Using multi-detector row CT scanners, modern high resolution CT protocols are able to generate contiguous 1.25 mm images through the entirety of the lungs which are also used to create coronal 2D reconstructions to more accurately assess distribution of disease. As such, these examinations now generate more than 300 images for interpretation.

The expectation of the referring physician is now much higher in terms of defining the various subtypes of interstitial lung disease and also in evaluating whether a lung nodule merits follow up or more aggressive intervention. The incidence of smoking-related lung disease continues to increase in the Medicare population, as does the ability to characterize these diseases with the advent of high resolution multi-detector CT. Current estimates are that pulmonary emphysema and the smoking related interstitial lung diseases – centrilobular emphysema, respiratory bronchiolitis interstitial lung disease (RBILD), desquamative interstitial pneumonia (DIP), and Langerhan's cell histiocytosis (LCH) – are among the top ten causes of morbidity and mortality in the Medicare population and both morbidity and mortality from these illnesses are expected to increase by 2020.

Because of refinements in technique and the ability to examine the entire lung, specific diagnoses of potentially reversible diseases such as RBILD and DIP can now be made and differentiated from irreversible diseases such as LCH and pulmonary fibrosis (usual interstitial pneumonia) without open lung biopsy or the need to institute potentially harmful empiric therapy without a definitive diagnosis. The extent and distribution of pulmonary centrilobular and bullous emphysema is now well characterized and critically important in both medical and surgical treatment planning.

## 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) 71250

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3873306

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 for 71250 in a one year period is estimated to be 3,873,306.

Specialty Radiology                      Frequency 3524706                      Percentage 90.99 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,291,102 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2007 Medicare data estimates that code 71250 was billed approximately 1,291,102.

Specialty Radiology                      Frequency 1174902                      Percentage 90.99 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? (ie. similar work RVU, and specialty) No

If no, please select another crosswalk and provide a brief rationale. 71250

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

4, 20, 21, 22, 23, 24  
Tab Number

Percutaneous cholecystostomy, CT Thorax, CT Spine CT Upper Extremity, CT Lower  
Extremity, Lower Extremity Ultrasound  
Issue

47490, 71250, 72125, 72128, 72131, 73200, 73700, 76880  
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

\_\_Geraldine McGinty, MD\_\_\_\_\_  
Printed Signature

American College of Radiology\_\_\_\_\_  
Specialty Society

September 8, 2009\_\_\_\_\_  
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures\**

April 2016

**X-ray of Wrist**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. Code 73110 was identified in this screen and code 73100 was added as a family code.

***73100 Radiologic examination, wrist; 2 views***

The RUC reviewed the survey results from 97 radiologists, hand surgeons and orthopaedic surgeons and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.16 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.16, the RUC compared the survey code to the primary key reference code 73600 *Radiologic examination, ankle; 2 views* (work RVU= 0.16, intra-service time of 3 minutes, total time of 5 minutes) and noted that both services have identical intra-service and total times and involve a similar amount of physician work. The RUC also compared the survey code to the second key reference code 73060 *Radiologic examination; humerus, minimum of 2 views* (work RVU= 0.16, intra-service time of 3 minutes, total time of 5 minutes) and noted that both services have identical physician times and involve a similar amount of physician work. **The RUC recommends a work RVU of 0.16 for CPT code 73100.**

***73110 Radiologic examination, wrist; complete, minimum of 3 views***

The RUC reviewed the survey results from 97 radiologists, hand surgeons and orthopaedic surgeons and agreed with following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.17 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.17, the RUC compared the survey code to MPC code 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU= 0.22, intra-service time of 3 minutes, total time of 6 minutes) and noted that the survey code has more intra-service time and identical total time. The RUC also compared the survey code to the primary key reference code 73080 *Radiologic examination, elbow;*

*complete, minimum of 3 views* (work RVU= 0.17, intra-service time of 3 minutes, total time of 5 minutes) and noted that the survey code has more intra-service and total time. **The RUC recommends a work RVU of 0.17 for CPT code 73110.**

### Practice Expense

The specialty met compelling evidence that there is a change from previous code-specific practice expense to adoption of a newly applicable standard or package. The amount of time for acquiring images was increased to 8 minutes for 73110, because the CPT descriptor has a minimum of 3 views and in the typical scenario 4 views are performed. The change to 8 minutes would insure that the typical number of views for this service would follow a logical progression per view. PACS workstations are also typically present in the office-based practices of orthopaedic surgeons and hand surgeons, so the inclusion of a PACS workstation is warranted. The RUC determined that the inclusion of SB026 gown is not typical for codes 73100 or 73110 and therefore removed that supply input. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
73100 (f)	Radiologic examination, wrist; 2 views	XXX	0.16 (No Change)
73110	Radiologic examination, wrist; complete, minimum of 3 views	XXX	0.17 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 73100      Tracking Number

Original Specialty Recommended RVU: **0.16**Presented Recommended RVU: **0.16**

Global Period: XXX

RUC Recommended RVU: **0.16**

CPT Descriptor: Radiologic examination, wrist; 2 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 56-year-old female with long-standing degenerative and pyrophosphate dihydrate crystal deposition (CPPD) arthritis has progressive wrist pain. AP and lateral views of the wrist are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 66%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? 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 the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of all wrist bones, joints, joint spaces, alignment, and the deep and superficial soft tissues. 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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt A. Schoppe, MD; Daniel Wessell, MD; Anne Miller, MD; William Creevy, MD; John Heiner, MD				
<b>Specialty(s):</b>	American College of Radiology, American Society for Surgery of the Hand, American Academy of Orthopaedic Surgeons				
<b>CPT Code:</b>	73100				
<b>Sample Size:</b>	1697	<b>Resp N:</b>	97	<b>Response:</b> 5.7 %	
<b>Description of Sample:</b>	The specialty societies surveyed a random selection from each membership database. The ACR surveyed a random sample of 1000 members. The AAOS surveyed a random sample of 97 members, and the ASSH surveyed a random sample of 600 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	50.00	100.00	300.00	2500.00
<b>Survey RVW:</b>	0.15	0.16	0.16	0.20	0.35
<b>Pre-Service Evaluation Time:</b>			2.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	2.00	3.00	5.00	20.00
<b>Immediate Post Service-Time:</b>	4.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	73100	<b>Recommended Physician Work RVU: 0.16</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	3.00			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73600	XXX	0.16	RUC Time

CPT Descriptor Radiologic examination, ankle; 2 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73060	XXX	0.16	RUC Time

CPT Descriptor Radiologic examination; humerus, minimum of 2 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90970	XXX	0.14	RUC Time	1,371,212

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
---------------------------------	---------------	-----------------	--------------------

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**



**Number of respondents who choose Top Key Reference Code:** 46      **% of respondents:** 47.4 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 14      **% of respondents:** 14.4 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>73100</u>	<b>Top Key Reference CPT Code:</b> <u>73600</u>	<b>2nd Key Reference CPT Code:</b> <u>73060</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	3.00	3.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.17	0.00
Urgency of medical decision making	0.11	0.29

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.30	0.14
Physical effort required	-0.07	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.20	0.14
Outcome depends on the skill and judgment of physician	0.30	0.29
Estimated risk of malpractice suit with poor outcome	0.26	0.29

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.24	0.36
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Several plain film x-ray codes were identified as potentially misvalued by the CY2016 Medicare Physician Fee Schedule Final Rule Table 8 High Expenditure Screen, including one of the wrist X-ray codes (73110, x-ray, wrist, 3 views) and one of the hand X-ray codes (73130, x-ray, hand, 3 views). Codes 73100, 73120, and 73140 were added as family codes for survey.

Even though these codes are separated across two agenda tabs, we have elected to present them as one family given the anatomic similarities in these codes.

The five codes in the wrist/hand/finger family and their existing values are as follows:

CPT Code	Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWP/UT	RUC Meeting
73100	Radiologic examination, wrist; 2 views	0.16	1	3	1	5	0.038	Aug 2005
73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	1	3	1	5	0.042	Aug 2005
73120	Radiologic examination, hand; 2 views	0.16	1	3	1	5	0.038	Aug 2005
73130	Radiologic examination, hand; minimum of 3 views	0.17	1	3	1	5	0.042	Aug 2005
73140	Radiologic examination, finger(s), minimum of 2 views	0.13	1	2	1	4	0.043	Aug 2005

These studies are the mainstay in the initial imaging evaluation of the fingers, hand and wrist. It is crucial the appropriate imaging technique for each region be utilized. The wrist 2 view and complete, minimum 3 view

codes are used when dedicated wrist images, with appropriate positioning, field-of-view, centering, and exposure are needed to evaluate for wrist pathologies such as non-displaced scaphoid waist fractures. The hand 2 view and complete, minimum 3 view codes are used when dedicated hand images, with appropriate positioning, field-of-view, centering, and exposure are needed to evaluate for hand pathologies such as a metacarpal neck fractures in trauma or subtle metacarpophalangeal joint erosions in inflammatory arthritis. The wrist and hand are two separate anatomic regions that require specific radiographic views to accurately diagnose underlying wrist or hand pathology. The hand comprises the metacarpal and phalangeal bones. Radiographs of the hand do not include the views required to accurately evaluate the wrist, which includes the radiocarpal, ulnocarpal, midcarpal, carpometacarpal and distal radioulnar joints. For example, in order to evaluate a wrist for carpal instability, specialized views are required, such as a clenched fist view, radial deviation view, or ulnar deviation view. Also a specific view is needed to evaluate ulnar variance. If one suspects a scaphoid fracture, specific views are needed to evaluate the integrity of the scaphoid. None of these views are included in the views of the hand. Radiologic examination, finger(s), minimum 2 views is used when well-profiled, small field-of-view high-resolution images of an individual finger (or fingers) are needed to evaluate finger pathologies such as subtle volar plate fractures.

### Survey Process

The American College of Radiology (ACR), the American Academy of Orthopaedic Surgeons (AAOS), and the American Society for Surgery of the Hand (ASSH) performed a random survey of our respective members. The ACR, AAOS, and ASSH 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 work RVU Recommendations for all 5 Survey Codes:

We recommend the 25<sup>th</sup> percentile work RVU and the median intra-service time for all 5 codes. We recommend 1 minute pre-service time and 1 minute post-service time for all 5 codes, which is lower than the surveyed values, but consistent with the pre- and post-service times of the most recently valued plain x-ray codes.

### 73100 (Radiologic examination, wrist; 2 views)

#### Work RVU Recommendation

We recommend the 25<sup>th</sup> percentile work RVU of 0.16, which maintains the current value.

#### Time Recommendation

We recommend the following times: 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service. This is the median intra-service time. The 1 minute pre-service and 1 minute post-service times are lower than the surveyed values, but are consistent with the pre- and post-service times of the most recently valued plain x-ray codes.

#### Key Reference Services

Our recommendation compares favorably to the two most commonly chosen key reference services. 73600 (*Radiologic examination, ankle; 2 views*) was chosen by 47% of respondents and 73060 (*Radiologic examination; humerus, minimum of 2 views*) was chosen by 15% of respondents. The proposed RVU and times are identical to both KRS codes and support relativity.

CPT	Short Descriptor	work RVU	Total Time	Pre	Intra	Post	IWPUT
73600	X-ray, ankle; 2 views	0.16	5	1	3	1	0.038

<b>73100</b>	<b>X-ray, wrist; 2 views</b>	<b>0.16</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0.038</b>
73060	X-ray; humerus, min 2 views	0.16	5	1	3	1	0.038

### MPC Codes

Our recommendation compares favorably to MPC code 90970 and 72100.

CPT	Short Descriptor	work RVU	Total Time	Pre	Intra	Post	IWPUT
90970	Esrd home pt serv p day 20+	0.14	2.5		2.5		0.056
<b>73100</b>	<b>X-ray, wrist; 2 views</b>	<b>0.16</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0.038</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051

### Summary and Comparison To Other Codes In The Wrist/Hand/Finger Family

Our recommendations are supported by our survey and the KRS and MPC codes provided, and maintain relativity across the wrist/hand/finger family:

CPT Code	Descriptor	work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
73100	Radiologic examination, wrist; 2 views	0.16	1	3	1	5	0.038
73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.031
73120	Radiologic examination, hand; 2 views	0.16	1	4	1	6	0.029
73130	Radiologic examination, hand; minimum of 3 views	0.17	1	5	1	7	0.025
73140	Radiologic examination, finger(s), minimum of 2 views	0.16	1	4	1	6	0.029

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 73100

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 Orthopedic Surgery                      How often? Commonly

Specialty Hand Surgery                      How often? Commonly

Specialty Diagnostic Radiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1017912

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73100 provided nationally in a one-year period is estimated to be 1,017,912.

Specialty Orthopedic Surgery	Frequency 408102	Percentage 40.09 %
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Specialty Hand Surgery	Frequency 76953	Percentage 7.55 %
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Specialty Diagnostic Radiology	Frequency 309233	Percentage 30.37 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 339,304 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 73100 is billed approximately 339,304 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery	Frequency 136034	Percentage 40.09 %
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Specialty Hand Surgery	Frequency 25651	Percentage 7.55 %
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Specialty Diagnostic Radiology	Frequency 103078	Percentage 30.37 %
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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 73100

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: 73110	Tracking Number	Original Specialty Recommended RVU: <b>0.17</b>
		Presented Recommended RVU: <b>0.17</b>
Global Period: XXX		RUC Recommended RVU: <b>0.17</b>

CPT Descriptor: Radiologic examination, wrist; complete, minimum of 3 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 25-year-old female sustained an injury to the left wrist. Initial radiographs were negative. One week later the patient has persistent pain localized to the anatomic snuffbox. Four views of the wrist, including a scaphoid view, were ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of all wrist bones, joints, joint spaces, alignment, and the deep and superficial soft tissues. 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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt A. Schoppe, MD; Daniel Wessell, MD; Anne Miller, MD; William Creevy, MD; John Heiner, MD				
<b>Specialty(s):</b>	American College of Radiology, American Society for Surgery of the Hand, American Academy of Orthopaedic Surgeons				
<b>CPT Code:</b>	73110				
<b>Sample Size:</b>	1697	<b>Resp N:</b>	97	<b>Response:</b> 5.7 %	
<b>Description of Sample:</b>	The specialty societies surveyed a random selection from each membership database. The ACR surveyed a random sample of 1000 members. The AAOS surveyed a random sample of 97 members, and the ASSH surveyed a random sample of 600 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	100.00	300.00	500.00	3000.00
<b>Survey RVW:</b>	0.17	0.17	0.18	0.25	0.35
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	2.00	4.00	5.00	25.00
<b>Immediate Post Service-Time:</b>	3.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	73110	<b>Recommended Physician Work RVU: 0.17</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	4.00			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73080	XXX	0.17	RUC Time

CPT Descriptor Radiologic examination, elbow; complete, minimum of 3 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73630	XXX	0.17	RUC Time

CPT Descriptor Radiologic examination, foot; complete, minimum of 3 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90970	XXX	0.14	RUC Time	1,371,212

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 28      % of respondents: 28.8 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 25      % of respondents: 25.7 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>73110</u></b>	<b>Top Key Reference CPT Code: <u>73080</u></b>	<b>2nd Key Reference CPT Code: <u>73630</u></b>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	3.00	3.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>6.00</b>	<b>5.00</b>	<b>5.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.57	0.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.32	0.32
Urgency of medical decision making	0.46	0.56

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.50	0.36
Physical effort required	0.14	0.08

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.39	0.60
Outcome depends on the skill and judgment of physician	0.46	0.60
Estimated risk of malpractice suit with poor outcome	0.36	0.76

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.50	0.48
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

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Several plain film x-ray codes were identified as potentially misvalued by the CY2016 Medicare Physician Fee Schedule Final Rule Table 8 High Expenditure Screen, including one of the wrist X-ray codes (73110, x-ray, wrist, 3 views) and one of the hand X-ray codes (73130, x-ray, hand, 3 views). Codes 73100, 73120, and 73140 were added as family codes for survey.

Even though these codes are separated across two agenda tabs, we have elected to present them as one family given the anatomic similarities in these codes.

The five codes in the wrist/hand/finger family and their existing values are as follows:

CPT Code	Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWP/UT	RUC Meeting
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73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	1	3	1	5	0.042	Aug 2005
73120	Radiologic examination, hand; 2 views	0.16	1	3	1	5	0.038	Aug 2005
73130	Radiologic examination, hand; minimum of 3 views	0.17	1	3	1	5	0.042	Aug 2005
73140	Radiologic examination, finger(s), minimum of 2 views	0.13	1	2	1	4	0.043	Aug 2005

These studies are the mainstay in the initial imaging evaluation of the fingers, hand and wrist. It is crucial the appropriate imaging technique for each region be utilized. The wrist 2 view and complete, minimum 3 view

codes are used when dedicated wrist images, with appropriate positioning, field-of-view, centering, and exposure are needed to evaluate for wrist pathologies such as non-displaced scaphoid waist fractures. The hand 2 view and complete, minimum 3 view codes are used when dedicated hand images, with appropriate positioning, field-of-view, centering, and exposure are needed to evaluate for hand pathologies such as a metacarpal neck fractures in trauma or subtle metacarpophalangeal joint erosions in inflammatory arthritis. The wrist and hand are two separate anatomic regions that require specific radiographic views to accurately diagnose underlying wrist or hand pathology. The hand comprises the metacarpal and phalangeal bones. Radiographs of the hand do not include the views required to accurately evaluate the wrist, which includes the radiocarpal, ulnocarpal, midcarpal, carpometacarpal and distal radioulnar joints. For example, in order to evaluate a wrist for carpal instability, specialized views are required, such as a clenched fist view, radial deviation view, or ulnar deviation view. Also a specific view is needed to evaluate ulnar variance. If one suspects a scaphoid fracture, specific views are needed to evaluate the integrity of the scaphoid. None of these views are included in the views of the hand. Radiologic examination, finger(s), minimum 2 views is used when well-profiled, small field-of-view high-resolution images of an individual finger (or fingers) are needed to evaluate finger pathologies such as subtle volar plate fractures.

## Survey Process

The American College of Radiology (ACR), the American Academy of Orthopaedic Surgeons (AAOS), and the American Society for Surgery of the Hand (ASSH) performed a random survey of our respective members. The ACR, AAOS, and ASSH 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 work RVU Recommendations for all 5 Survey Codes:

We recommend the 25<sup>th</sup> percentile work RVU and the median intra-service time for all 5 codes. We recommend 1 minute pre-service time and 1 minute post-service time for all 5 codes, which is lower than the surveyed values, but consistent with the pre- and post-service times of the most recently valued plain x-ray codes.

## 73110 (Radiologic examination, wrist; complete, minimum of 3 views)

### Work RVU Recommendation

We recommend the 25<sup>th</sup> percentile work RVU of 0.17, which maintains the current value.

### Time Recommendation

We recommend the following times: 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service. The median intra-service time of 4 minutes is a 1 minute increase over existing, and supports relativity with the recommendation CPT code 73100 (*x-ray, wrist; 2 views*). The 1 minute pre-service and 1 minute post-service times are lower than the surveyed values, but are consistent with the pre- and post-service times of the most recently valued plain x-ray codes.

### Key Reference Services

Our recommendation compares favorably to the two most commonly chosen key reference services. 73080 (*Radiologic examination, elbow; complete, minimum of 3 views*) was chosen by 29% of respondents and 73630 (*Radiologic examination, foot; complete, minimum of 3 views*) was chosen by 26% of respondents. 73110 has one additional minute of intra time compared to both KRS codes, and identical recommended work RVU. Survey respondents indicated that 73110 is more intense/complex than both KRS on all measures.

CPT	Short Descriptor	work RVU	Total Time	Pre	Intra	Post	IWPUT
73080	X-ray, elbow; complete, min 3 views	0.17	5	1	3	1	0.042
73630	X-ray, foot; complete, min 3 views	0.17	5	1	3	1	0.042
<b>73110</b>	<b>X-ray, wrist; min 3 views</b>	<b>0.17</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.031</b>

## MPC Codes

Our recommendation compares favorably to MPC codes 90970 and 72100.

CPT	Short Descriptor	work RVU	Total Time	Pre	Intra	Post	IWPUT
90970	Esrd home pt serv p day 20+	0.14	2.5		2.5		0.056
<b>73110</b>	<b>X-ray, wrist; min 3 views</b>	<b>0.17</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.031</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051

## Summary and Comparison To Other Codes In The Wrist/Hand/Finger Family

Our recommendations are supported by our survey and the KRS and MPC codes provided, and maintain relativity across the wrist/hand/finger family:

CPT Code	Descriptor	work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
73100	Radiologic examination, wrist; 2 views	0.16	1	3	1	5	0.038
73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.031
73120	Radiologic examination, hand; 2 views	0.16	1	4	1	6	0.029
73130	Radiologic examination, hand; minimum of 3 views	0.17	1	5	1	7	0.025
73140	Radiologic examination, finger(s), minimum of 2 views	0.16	1	4	1	6	0.029

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 73110

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 Orthopedic Surgery                      How often? Commonly

Specialty Hand Surgery                      How often? Commonly

Specialty Diagnostic Radiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 2876067

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73110 provided nationally in a one-year period is estimated to be 2,876,067.

Specialty Orthopedic Surgery	Frequency 647837	Percentage 22.52 %
------------------------------	------------------	--------------------

Specialty Hand Surgery	Frequency 209959	Percentage 7.30 %
------------------------	------------------	-------------------

Specialty Diagnostic Radiology	Frequency 1600305	Percentage 55.64 %
--------------------------------	-------------------	--------------------

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 958,689 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 73110 is billed approximately 958,689 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery	Frequency 215946	Percentage 22.52 %
------------------------------	------------------	--------------------

Specialty Hand Surgery	Frequency 69986	Percentage 7.30 %
------------------------	-----------------	-------------------

Specialty Diagnostic Radiology	Frequency 533435	Percentage 55.64 %
--------------------------------	------------------	--------------------

Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

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 73110

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	T
13	ISSUE: X-Ray Wrist																	
14	TAB: 32																	
15						RVW					Total	PRE-TI	INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST
17	REF1	73600	Radiologic examination, ankle; 2 views	46	0.038			0.16			5	1			3			1
18	REF2	73060	Radiologic examination; humerus, minimum of 2 views	14	0.038			0.16			5	1			3			1
19	CURRENT	73100	Radiologic examination, wrist; 2 views		0.038			0.16			5	1			3			1
20	SVY	73100	Radiologic examination, wrist; 2 views	97	0.009	0.15	0.16	0.16	0.20	0.35	9	2	1	2	3	5	20	4
21	REC	73100			0.038	0.16					5	1			3			1
22																		
23	REF1	73080	Radiologic examination, elbow; complete, minimum of 3 views	28	0.042			0.17			5	1			3			1
24	REF2	73630	Radiologic examination, foot; complete, minimum of 3 views	25	0.042			0.17			5	1			3			1
25	CURRENT	73110	Radiologic examination, wrist; complete, minimum of 3 views		0.042			0.17			5	1			3			1
26	SVY	73110	Radiologic examination, wrist; complete, minimum of 3 views	97	0.000	0.17	0.17	0.18	0.25	0.35	12	5	1	2	4	5	25	3
27	REC	73110			0.031	0.17					6	1			4			1
28																		



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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs, 31/CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Ezequiel Silva III, MD, FACR  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

**Tab Number: 32**


**Issue: X-ray of Wrist**

**Code(s): 73100, 73110**

**Attestation Statement**

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<b>Signature:</b>	
<b>Print Name:</b>	William Creevy, MD
<b>Specialty Society:</b>	American Academy of Orthopaedic Surgeons
<b>Date:</b>	April 5, 2016

**Tab Number: 33**


**Issue: X-ray of Hand, Fingers**

**Code(s): 73120, 73130, 73140**

**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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<b>Signature:</b>	
<b>Print Name:</b>	William Creevy, MD
<b>Specialty Society:</b>	American Academy of Orthopaedic Surgeons
<b>Date:</b>	April 5, 2016

**Tab Number: 32**


**Issue: X-ray of Wrist**

**Code(s): 73100, 73110**

**Attestation Statement**

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<b>Signature:</b>	
<b>Print Name:</b>	Anne Miller, MD
<b>Specialty Society:</b>	American Society for Surgery of the Hand
<b>Date:</b>	April 5, 2016

**Tab Number: 33**


**Issue: X-ray of Hand, Fingers**

**Code(s): 73120, 73130, 73140**

**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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<b>Signature:</b>	
<b>Print Name:</b>	Anne Miller, MD
<b>Specialty Society:</b>	American Society for Surgery of the Hand
<b>Date:</b>	April 5, 2016

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs,  
CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
CT Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
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

April 5, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

<b>73100</b>	Radiologic examination, wrist; 2 views
<b>73110</b>	Radiologic examination, wrist; complete, minimum of 3 views
<b>73120</b>	Radiologic examination, hand; 2 views
<b>73130</b>	Radiologic examination, hand; minimum of 3 views
<b>73140</b>	Radiologic examination, finger(s), minimum of 2 views

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

*The American College of Radiology (ACR), American Academy of Orthopaedic Surgeons (AAOS), and American Society for Surgery of the Hand (ASSH) convened a consensus panel to finalize the practice expense data for x-ray wrist, hand, and finger codes 73100, 73110, 73120, 73130, and 73140.*

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

*The societies included the existing PE inputs for codes 73100, 73110, 73120, 73130, and 73140 on the spreadsheet to serve as a reference.*

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:

- **Prepare room, equipment, supplies** - 2 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Prepare and position patient/ monitor patient/ set up IV** - 2 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Clean room/equipment by physician staff** – 3 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.

**CPT Code: 73100, 73110, 73120, 73130, 73140**  
**Specialty Society(s) ACR, AAOS, ASSH**

- **Review examination with interpreting MD** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue** - CMS proposed a standard of 1 minute as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **PACS Workstation Proxy** - This is equal to the service period clinical labor time.
- **Professional PACS Workstation** - This is equal to the sum of the physician work pre and intra time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

- Greet patient, 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:



AMA Specialty Society Recommendation

	A	B	C	D	F	H	J
1	<b>REVISED AT RUC 4/27/16</b>			<b>REFERENCE CO</b>	<b>REFERENCE CO</b>		
2				<b>73100</b>	<b>73100</b>	<b>73110</b>	<b>73110</b>
3	<b>Meeting Date: April 2016</b> <b>Tab: 32 - X-Ray Wrist</b> <b>Specialty: ACR, AAOS, ASSH</b>	<b>CMS Code</b>	<b>Staff Type</b>	Radiologic examination, wrist; 2 views <b>(August 2003)</b>	Radiologic examination, wrist; 2 views <b>(April 2016)</b>	Radiologic examination, wrist; complete, minimum of 3 views <b>(August 2003)</b>	Radiologic examination, wrist; complete, minimum of 3 views <b>(April 2016)</b>
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>14</b>	<b>19</b>	<b>20</b>	<b>23</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>14</b>	<b>19</b>	<b>20</b>	<b>23</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L041B	Rad Tech	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
10	<b>PRE-SERVICE</b>						
21	<b>SERVICE PERIOD</b>						
22	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Rad Tech	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
24	Obtain vital signs						
25	Provide pre-service education/obtain consent						
26	Prepare room, equipment, supplies	L041B	Rad Tech	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>
28	Prepare and position patient/ monitor patient/ set up IV	L041B	Rad Tech	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>
31	<b>Intra-service</b>						
32	Acquire images	L041B	Rad Tech	<b>4</b>	<b>4</b>	<b>8</b>	<b>8</b>
33	<b>Post-Service</b>						
34	Monitor pt. following moderate sedation						
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)						
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)						
37	Clean room/equipment by physician staff	L041B	Rad Tech	<b>2</b>	<b>3</b>	<b>2</b>	<b>3</b>
38	Clean Scope						
39	Clean Surgical Instrument Package						
40	Complete diagnostic forms, lab & X-ray requisitions						
41	Review/read X-ray, lab, and pathology reports						
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech		<b>2</b>		<b>2</b>
44	Review examination with interpreting MD	L041B	Rad Tech		<b>2</b>		<b>2</b>
45	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		<b>1</b>		<b>1</b>
46	<b>Other Clinical Activity - specify:</b>						
47	- Process films, hang films and review study with interpreting MD prior to patient discharge	L041B	Rad Tech	<b>3</b>		<b>5</b>	
51	<b>End: Patient leaves office</b>						

AMA Specialty Society Recommendation

	A	B	C	D	F	H	J
1	<b>REVISED AT RUC 4/27/16</b>			<b>REFERENCE CO</b>	<b>REFERENCE CO</b>		
2				<b>73100</b>	<b>73100</b>	<b>73110</b>	<b>73110</b>
3	Meeting Date: April 2016 Tab: 32 - X-Ray Wrist Specialty: ACR, AAOS, ASSH	CMS Code	Staff Type	Radiologic examination, wrist; 2 views <b>(August 2003)</b>	Radiologic examination, wrist; 2 views <b>(April 2016)</b>	Radiologic examination, wrist; complete, minimum of 3 views <b>(August 2003)</b>	Radiologic examination, wrist; complete, minimum of 3 views <b>(April 2016)</b>
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX
52	POST-SERVICE Period						
64	MEDICAL SUPPLIES*						
		CODE	UNIT				
65	gown, patient	SB026	item	1	0	1	0
66	EQUIPMENT						
		CODE					
67	room, basic radiology	EL012		14	13	20	17
68	PACS Workstation Proxy	ED050		14	19	20	23
69	Professional PACS Workstation	NEW			4		5

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures\**

April 2016

**X-ray of Hand and Fingers**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. Code 73130 was identified in this screen and codes 73120 and 73140 were added as family codes.

**73120 Radiologic examination, hand; 2 views**

The RUC reviewed the survey results from 93 radiologists, hand surgeons and orthopaedic surgeons and agreed with the following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC reviewed the 2014 Medicare claims data for this service and confirmed that diagnostic radiology is the dominant provider for global reporting and 26-modifier reporting in aggregate.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.16 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.16, the RUC compared the survey code to the primary key reference code 73600 *Radiologic examination, ankle; 2 views* (work RVU= 0.16, intra-service time of 3 minutes, total time of 5 minutes) and the second key reference code 73060 *Radiologic examination; humerus, minimum of 2 views* (work RVU= 0.16, intra-service time of 3 minutes, total time of 5 minutes) and noted that the survey code includes more intra-service time and total time relative to the reference codes. **The RUC recommends a work RVU of 0.16 for CPT code 73120.**

**73130 Radiologic examination, hand; minimum of 3 views**

The RUC reviewed the survey results from 93 radiologists, hand surgeons and orthopaedic surgeons and agreed with the following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

The RUC reviewed the survey 25<sup>th</sup> percentile work RVU of 0.17 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.17, the RUC compared the survey code to MPC code 72100 *Radiologic examination, spine, lumbosacral; 2 or 3 views* (work RVU= 0.22, intra-service time of 3 minutes, total time of 6 minutes) and noted that the survey code has more intra-service time and total time. The RUC also compared the survey code to the second key reference code 73080 *Radiologic examination, elbow; complete,*

*minimum of 3 views* (work RVU= 0.17, intra-service time of 3 minutes, total time of 5 minutes) and noted that the survey code has more intra-service and total time. **The RUC recommends a work RVU of 0.17 for CPT code 73130.**

**73140 Radiologic examination, finger(s), minimum of 2 views**

The specialty societies presented compelling evidence that hand surgeons were not involved the previous review of this code in 2005 and that the work and times recorded were based on flawed data. The RUC rejected compelling evidence, indicating that hand surgeons are not the dominant providers and a hand surgeon was involved in the presentation to the RUC in 2005.

The RUC reviewed the survey results from 93 radiologists, hand surgeons and orthopaedic surgeons and agreed with the following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC reviewed the survey data and agreed that since compelling evidence was not accepted, the existing value of 0.13 should be maintained for this service. The RUC compared the survey code to the top key reference code 73060 *Radiologic examination; humerus, minimum of 2 views* (work RVU= 0.16, intra-service time of 3 minutes, total time of 5 minutes) and the second key reference code 73600 *Radiologic examination, ankle; 2 views* (work RVU= 0.16, intra-service time of 3 minutes, total time of 5 minutes) and noted that the survey code includes more intra-service time and total time relative to the reference codes. The RUC also noted that all RUC reviewed plain film codes with one or two views were valued at 0.16, however since compelling evidence was not accepted, an increased work RVU for 73140 was not appropriate. **The RUC recommends a work RVU of 0.13 for CPT code 73140.**

**Practice Expense**

The specialty met compelling evidence that there is a change from previous code-specific practice expense to adoption of a newly applicable standard or package. The RUC determined that the inclusion of SB026 gown is not typical for codes 73120, 73130 or 73140 and therefore removed that supply input. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
73120 (f)	Radiologic examination, hand; 2 views	XXX	0.16 (No Change)

73130	Radiologic examination, hand; minimum of 3 views	XXX	0.17 (No Change)
73140 (f)	Radiologic examination, finger(s), minimum of 2 views	XXX	0.13 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 73120	Tracking Number	Original Specialty Recommended RVU: <b>0.16</b>
		Presented Recommended RVU: <b>0.16</b>
Global Period: XXX		RUC Recommended RVU: <b>0.16</b>
CPT Descriptor: Radiologic examination, hand; 2 views		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 55-year-old female with long-standing rheumatoid arthritis has developed worsening pain and deformity in her left hand. AP and lateral views of the hand were ordered for further evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 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? 3%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of all hand bones, joints, joint spaces, alignment, and the deep and superficial soft tissues. 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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt A. Schoppe, MD; Daniel Wessell, MD; Anne Miller, MD; William Creevy, MD; John Heiner, MD				
<b>Specialty(s):</b>	American College of Radiology, American Society for Surgery of the Hand, American Academy of Orthopaedic Surgeons				
<b>CPT Code:</b>	73120				
<b>Sample Size:</b>	1700	<b>Resp N:</b>	93	<b>Response:</b> 5.4 %	
<b>Description of Sample:</b>	The specialty societies surveyed a random selection from each membership database. The ACR surveyed a random sample of 1000 members. The AAOS surveyed a random sample of 100 members, and the ASSH surveyed a random sample of 600 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	26.00	100.00	300.00	2500.00
<b>Survey RVW:</b>	0.16	0.16	0.17	0.18	0.40
<b>Pre-Service Evaluation Time:</b>			2.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	2.00	4.00	5.00	20.00
<b>Immediate Post Service-Time:</b>	3.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	73120	<b>Recommended Physician Work RVU: 0.16</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	4.00			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73600	XXX	0.16	RUC Time

CPT Descriptor Radiologic examination, ankle; 2 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73060	XXX	0.16	RUC Time

CPT Descriptor Radiologic examination; humerus, minimum of 2 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90970	XXX	0.14	RUC Time	1,371,212

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**



**Number of respondents who choose Top Key Reference Code:** 34      **% of respondents:** 36.5 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 14      **% of respondents:** 15.0 %

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>73120</u></b>	<b>Top Key Reference CPT Code: <u>73600</u></b>	<b>2nd Key Reference CPT Code: <u>73060</u></b>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	3.00	3.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>6.00</b>	<b>5.00</b>	<b>5.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.32	0.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.26	0.29
Urgency of medical decision making	0.09	0.29
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.24	0.43
Physical effort required	-0.06	0.29

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.09	0.00
Outcome depends on the skill and judgment of physician	0.24	0.29
Estimated risk of malpractice suit with poor outcome	0.35	0.29

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.15	0.21
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Several plain film x-ray codes were identified as potentially misvalued by the CY2016 Medicare Physician Fee Schedule Final Rule Table 8 High Expenditure Screen, including one of the wrist X-ray codes (73110, x-ray, wrist, 3 views) and one of the hand X-ray codes (73130, x-ray, hand, 3 views). Codes 73100, 73120, and 73140 were added as family codes for survey.

Even though these codes are separated across two agenda tabs, we have elected to present them as one family given the anatomic similarities in these codes.

The five codes in the wrist/hand/finger family and their existing values are as follows:

CPT Code	Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWP/UT	RUC Meeting
73100	Radiologic examination, wrist; 2 views	0.16	1	3	1	5	0.038	Aug 2005
73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	1	3	1	5	0.042	Aug 2005
73120	Radiologic examination, hand; 2 views	0.16	1	3	1	5	0.038	Aug 2005
73130	Radiologic examination, hand; minimum of 3 views	0.17	1	3	1	5	0.042	Aug 2005
73140	Radiologic examination, finger(s), minimum of 2 views	0.13	1	2	1	4	0.043	Aug 2005

These studies are the mainstay in the initial imaging evaluation of the fingers, hand and wrist. It is crucial the appropriate imaging technique for each region be utilized. The wrist 2 view and complete, minimum 3 view

codes are used when dedicated wrist images, with appropriate positioning, field-of-view, centering, and exposure are needed to evaluate for wrist pathologies such as non-displaced scaphoid waist fractures. The hand 2 view and complete, minimum 3 view codes are used when dedicated hand images, with appropriate positioning, field-of-view, centering, and exposure are needed to evaluate for hand pathologies such as a metacarpal neck fractures in trauma or subtle metacarpophalangeal joint erosions in inflammatory arthritis. The wrist and hand are two separate anatomic regions that require specific radiographic views to accurately diagnose underlying wrist or hand pathology. The hand comprises the metacarpal and phalangeal bones. Radiographs of the hand do not include the views required to accurately evaluate the wrist, which includes the radiocarpal, ulnocarpal, midcarpal, carpometacarpal and distal radioulnar joints. For example, in order to evaluate a wrist for carpal instability, specialized views are required, such as a clenched fist view, radial deviation view, or ulnar deviation view. Also a specific view is needed to evaluate ulnar variance. If one suspects a scaphoid fracture, specific views are needed to evaluate the integrity of the scaphoid. None of these views are included in the views of the hand. Radiologic examination, finger(s), minimum 2 views is used when well-profiled, small field-of-view high-resolution images of an individual finger (or fingers) are needed to evaluate finger pathologies such as subtle volar plate fractures.

### Survey Process

The American College of Radiology (ACR), the American Academy of Orthopaedic Surgeons (AAOS), and the American Society for Surgery of the Hand (ASSH) performed a random survey of our respective members. The ACR, AAOS, and ASSH 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 work RVU Recommendations for all 5 Survey Codes:

We recommend the 25<sup>th</sup> percentile work RVU and the median intra-service time for all 5 codes. We recommend 1 minute pre-service time and 1 minute post-service time for all 5 codes, which is lower than the surveyed values, but consistent with the pre- and post-service times of the most recently valued plain x-ray codes.

### 73120 (Radiologic examination, hand; 2 views)

#### Work RVU Recommendation

We recommend the 25<sup>th</sup> percentile work RVU of 0.16, which maintains the current value.

#### Time Recommendation

We recommend the following times: 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service. The median intra-service time of 4 minutes is a 1 minute increase over existing. The 1 minute pre-service and 1 minute post-service times are lower than the surveyed values, but are consistent with the pre- and post-service times of most recently valued plain x-ray codes.

#### Key Reference Service

Our recommendation compares favorably to the two most commonly chosen key reference services. 73600 (*Radiologic examination, ankle; 2 views*) was chosen by 37% of respondents and 73060 (*Radiologic examination; humerus, minimum of 2 views*) was chosen by 15% of respondents. The proposed work RVU is identical to both KRS codes, but 73120 has one additional minute of intra time.

CPT	Short Descriptor	work RVU	Total Time	Pre	Intra	Post	IWPUT
73600	X-ray, ankle; 2 views	0.16	5	1	3	1	0.038

73060	X-ray; humerus, min 2 views	0.16	5	1	3	1	0.038
<b>73120</b>	<b>X-ray, hand; 2 views</b>	<b>0.16</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.029</b>

### MPC Code

Our recommendation compares favorably to MPC code 90970 and 72100.

CPT	Short Descriptor	work RVU	Total Time	Pre	Intra	Post	IWPUT
90970	Esrd home pt serv p day 20+	0.14	2.5		2.5		0.056
<b>73120</b>	<b>X-ray, hand; 2 views</b>	<b>0.16</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0.029</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051

### Summary and Comparison To Other Codes In The Wrist/Hand/Finger Family

Our recommendations are supported by our survey and the KRS and MPC codes provided, and maintain relativity across the wrist/hand/finger family:

CPT Code	Descriptor	work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
73100	Radiologic examination, wrist; 2 views	0.16	1	3	1	5	0.038
73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.031
<b>73120</b>	<b>Radiologic examination, hand; 2 views</b>	<b>0.16</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>6</b>	<b>0.029</b>
73130	Radiologic examination, hand; minimum of 3 views	0.17	1	5	1	7	0.025
73140	Radiologic examination, finger(s), minimum of 2 views	0.16	1	4	1	6	0.029

### SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 73120

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 Orthopedic Surgery                      How often? Commonly

Specialty Hand Surgery                      How often? Commonly

Specialty Diagnostic Radiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 837978

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73120 provided nationally in a one-year period is estimated to be 837,978.

Specialty Orthopedic Surgery	Frequency 119436	Percentage 14.25 %
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Specialty Hand Surgery	Frequency 45114	Percentage 5.38 %
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Specialty Diagnostic Radiology	Frequency 321298	Percentage 38.34 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 279,326 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 73120 is billed approximately 279,326 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery	Frequency 39812	Percentage 14.25 %
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Specialty Hand Surgery	Frequency 15038	Percentage 5.38 %
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Specialty Diagnostic Radiology	Frequency 107099	Percentage 38.34 %
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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 73120

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: 73130	Tracking Number	Original Specialty Recommended RVU: <b>0.17</b>
		Presented Recommended RVU: <b>0.17</b>
Global Period: XXX		RUC Recommended RVU: <b>0.17</b>

CPT Descriptor: Radiologic examination, hand; minimum of 3 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 15-year-old male slammed his hand against a wall at school. Pain is localized to the ulnar aspect of the metacarpal region of the hand. AP, lateral, and oblique views of the hand are ordered.

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: Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of all hand bones, joints, joint spaces, alignment, and the deep and superficial soft tissues. 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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt A. Schoppe, MD; Daniel Wessell, MD; Anne Miller, MD; William Creevy, MD; John Heiner, MD				
<b>Specialty(s):</b>	American College of Radiology, American Society for Surgery of the Hand, American Academy of Orthopaedic Surgeons				
<b>CPT Code:</b>	73130				
<b>Sample Size:</b>	1700	<b>Resp N:</b>	93	<b>Response:</b> 5.4 %	
<b>Description of Sample:</b>	The specialty societies surveyed a random selection from each membership database. The ACR surveyed a random sample of 1000 members. The AAOS surveyed a random sample of 100 members, and the ASSH surveyed a random sample of 600 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	100.00	<b>200.00</b>	500.00	3000.00
<b>Survey RVW:</b>	0.16	0.17	<b>0.18</b>	0.20	0.40
<b>Pre-Service Evaluation Time:</b>			<b>2.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	3.00	<b>5.00</b>	7.00	25.00
<b>Immediate Post Service-Time:</b>	<b>3.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	73130	<b>Recommended Physician Work RVU: 0.17</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		1.00	0.00	1.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		5.00		
Please, pick the <u>post-service</u> 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				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		1.00	0.00	1.00



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.0	99239x 0.0	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73630	XXX	0.17	RUC Time

CPT Descriptor Radiologic examination, foot; complete, minimum of 3 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73080	XXX	0.17	RUC Time

CPT Descriptor Radiologic examination, elbow; complete, minimum of 3 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90970	XXX	0.14	RUC Time	1,371,212

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 40      % of respondents: 43.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 20      % of respondents: 21.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>73130</u></b>	<b>Top Key Reference CPT Code: <u>73630</u></b>	<b>2nd Key Reference CPT Code: <u>73080</u></b>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	3.00	3.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>7.00</b>	<b>5.00</b>	<b>5.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.28	0.35
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.23	0.25
Urgency of medical decision making	0.18	0.30

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.23	0.15
Physical effort required	0.05	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.23	0.35
Outcome depends on the skill and judgment of physician	0.33	0.25
Estimated risk of malpractice suit with poor outcome	0.30	0.15

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.30	0.20
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Several plain film x-ray codes were identified as potentially misvalued by the CY2016 Medicare Physician Fee Schedule Final Rule Table 8 High Expenditure Screen, including one of the wrist X-ray codes (73110, x-ray, wrist, 3 views) and one of the hand X-ray codes (73130, x-ray, hand, 3 views). Codes 73100, 73120, and 73140 were added as family codes for survey.

Even though these codes are separated across two agenda tabs, we have elected to present them as one family given the anatomic similarities in these codes.

The five codes in the wrist/hand/finger family and their existing values are as follows:

CPT Code	Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWP/UT	RUC Meeting
73100	Radiologic examination, wrist; 2 views	0.16	1	3	1	5	0.038	Aug 2005
73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	1	3	1	5	0.042	Aug 2005
73120	Radiologic examination, hand; 2 views	0.16	1	3	1	5	0.038	Aug 2005
73130	Radiologic examination, hand; minimum of 3 views	0.17	1	3	1	5	0.042	Aug 2005
73140	Radiologic examination, finger(s), minimum of 2 views	0.13	1	2	1	4	0.043	Aug 2005

These studies are the mainstay in the initial imaging evaluation of the fingers, hand and wrist. It is crucial the appropriate imaging technique for each region be utilized. The wrist 2 view and complete, minimum 3 view

codes are used when dedicated wrist images, with appropriate positioning, field-of-view, centering, and exposure are needed to evaluate for wrist pathologies such as non-displaced scaphoid waist fractures. The hand 2 view and complete, minimum 3 view codes are used when dedicated hand images, with appropriate positioning, field-of-view, centering, and exposure are needed to evaluate for hand pathologies such as a metacarpal neck fractures in trauma or subtle metacarpophalangeal joint erosions in inflammatory arthritis. The wrist and hand are two separate anatomic regions that require specific radiographic views to accurately diagnose underlying wrist or hand pathology. The hand comprises the metacarpal and phalangeal bones. Radiographs of the hand do not include the views required to accurately evaluate the wrist, which includes the radiocarpal, ulnocarpal, midcarpal, carpometacarpal and distal radioulnar joints. For example, in order to evaluate a wrist for carpal instability, specialized views are required, such as a clenched fist view, radial deviation view, or ulnar deviation view. Also a specific view is needed to evaluate ulnar variance. If one suspects a scaphoid fracture, specific views are needed to evaluate the integrity of the scaphoid. None of these views are included in the views of the hand. Radiologic examination, finger(s), minimum 2 views is used when well-profiled, small field-of-view high-resolution images of an individual finger (or fingers) are needed to evaluate finger pathologies such as subtle volar plate fractures.

### Survey Process

The American College of Radiology (ACR), the American Academy of Orthopaedic Surgeons (AAOS), and the American Society for Surgery of the Hand (ASSH) performed a random survey of our respective members. The ACR, AAOS, and ASSH 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 work RVU Recommendations for all 5 Survey Codes:

We recommend the 25<sup>th</sup> percentile work RVU and the median intra-service time for all 5 codes. We recommend 1 minute pre-service time and 1 minute post-service time for all 5 codes, which is lower than the surveyed values, but consistent with the pre- and post-service times of the most recently valued plain x-ray codes.

### 73130 (Radiologic examination, hand; minimum of 3 views)

#### Work RVU Recommendation

We recommend the 25<sup>th</sup> percentile work RVU of 0.17, which maintains the current value.

#### Time Recommendation

We recommend the following times: 1 minute pre-service, 5 minutes intra-service, and 1 minute post-service. The median intra-service time of 5 minutes is a 1 minute increase over existing. The 1 minute pre-service and 1 minute post-service times are lower than the surveyed values, but are consistent with the pre- and post-service times of the most recently valued plain x-ray codes.

#### Key Reference Services

Our recommendation compares favorably to the two most commonly chosen key reference services. 73630 (*Radiologic examination, foot; complete, minimum of 3 views*) was chosen by 43% of respondents, and 73080 (*Radiologic examination, elbow; complete, minimum of 3 views*) was chosen by 22% of respondents. 73130 has two additional minutes of intra time compared to both KRS codes, and identical recommended work RVU.

CPT	Short Descriptor	work RVU	Total Time	Pre	Intra	Post	IWPUT
73080	X-ray, elbow; complete, min 3 views	0.17	5	1	3	1	0.042

73630	X-ray, foot; complete, min 3 views	0.17	5	1	3	1	0.042
<b>73130</b>	<b>X-ray, hand; min 3 views</b>	<b>0.17</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0.025</b>

## MPC Codes

Our recommendation compares favorably to MPC codes 90970 and 72100.

CPT	Short Descriptor	work RVU	Total Time	Pre	Intra	Post	IWPUT
90970	Esrd home pt serv p day 20+	0.14	2.5		2.5		0.056
<b>73130</b>	<b>X-ray, hand; min 3 views</b>	<b>0.17</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0.025</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051

## Summary and Comparison To Other Codes In The Wrist/Hand/Finger Family

Our recommendations are supported by our survey and the KRS and MPC codes provided, and maintain relativity across the wrist/hand/finger family:

CPT Code	Descriptor	work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
73100	Radiologic examination, wrist; 2 views	0.16	1	3	1	5	0.038
73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.031
73120	Radiologic examination, hand; 2 views	0.16	1	4	1	6	0.029
73130	Radiologic examination, hand; minimum of 3 views	0.17	1	5	1	7	0.025
73140	Radiologic examination, finger(s), minimum of 2 views	0.16	1	4	1	6	0.029

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 73130

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 Orthopedic Surgery                      How often? Commonly

Specialty Hand Surgery                      How often? Commonly

Specialty Diagnostic Radiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 3108264

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73130 provided nationally in a one-year period is estimated to be 3,108,264.

Specialty Orthopedic Surgery	Frequency 478056	Percentage 15.38 %
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Specialty Hand Surgery	Frequency 202543	Percentage 6.51 %
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Specialty Diagnostic Radiology	Frequency 1904614	Percentage 61.27 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,036,088 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 73130 is billed approximately 1,036,088 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery	Frequency 159352	Percentage 15.38 %
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Specialty Hand Surgery	Frequency 67514	Percentage 6.51 %
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Specialty Diagnostic Radiology	Frequency 634871	Percentage 61.27 %
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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 73130

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: 73130	Tracking Number	Original Specialty Recommended RVU: <b>0.17</b>
		Presented Recommended RVU: <b>0.17</b>
Global Period: XXX		RUC Recommended RVU: <b>0.17</b>

CPT Descriptor: Radiologic examination, hand; minimum of 3 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 15-year-old male slammed his hand against a wall at school. Pain is localized to the ulnar aspect of the metacarpal region of the hand. AP, lateral, and oblique views of the hand are ordered.

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: Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of all hand bones, joints, joint spaces, alignment, and the deep and superficial soft tissues. 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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt A. Schoppe, MD; Daniel Wessell, MD; Anne Miller, MD; William Creevy, MD; John Heiner, MD				
<b>Specialty(s):</b>	American College of Radiology, American Society for Surgery of the Hand, American Academy of Orthopaedic Surgeons				
<b>CPT Code:</b>	73130				
<b>Sample Size:</b>	1700	<b>Resp N:</b>	93	<b>Response:</b> 5.4 %	
<b>Description of Sample:</b>	The specialty societies surveyed a random selection from each membership database. The ACR surveyed a random sample of 1000 members. The AAOS surveyed a random sample of 100 members, and the ASSH surveyed a random sample of 600 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	100.00	<b>200.00</b>	500.00	3000.00
<b>Survey RVW:</b>	0.16	0.17	<b>0.18</b>	0.20	0.40
<b>Pre-Service Evaluation Time:</b>			<b>2.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	3.00	<b>5.00</b>	7.00	25.00
<b>Immediate Post Service-Time:</b>	<b>3.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	73130	<b>Recommended Physician Work RVU: 0.17</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	1.00	0.00	1.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	5.00			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	1.00	0.00	1.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73630	XXX	0.17	RUC Time

CPT Descriptor Radiologic examination, foot; complete, minimum of 3 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73080	XXX	0.17	RUC Time

CPT Descriptor Radiologic examination, elbow; complete, minimum of 3 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90970	XXX	0.14	RUC Time	1,371,212

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 40      % of respondents: 43.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 20      % of respondents: 21.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>73130</u></b>	<b>Top Key Reference CPT Code: <u>73630</u></b>	<b>2nd Key Reference CPT Code: <u>73080</u></b>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	3.00	3.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>7.00</b>	<b>5.00</b>	<b>5.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.28	0.35
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.23	0.25
Urgency of medical decision making	0.18	0.30

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.23	0.15
Physical effort required	0.05	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.23	0.35
Outcome depends on the skill and judgment of physician	0.33	0.25
Estimated risk of malpractice suit with poor outcome	0.30	0.15

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.30	0.20
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

Several plain film x-ray codes were identified as potentially misvalued by the CY2016 Medicare Physician Fee Schedule Final Rule Table 8 High Expenditure Screen, including one of the wrist X-ray codes (73110, x-ray, wrist, 3 views) and one of the hand X-ray codes (73130, x-ray, hand, 3 views). Codes 73100, 73120, and 73140 were added as family codes for survey.

Even though these codes are separated across two agenda tabs, we have elected to present them as one family given the anatomic similarities in these codes.

The five codes in the wrist/hand/finger family and their existing values are as follows:

CPT Code	Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWP/UT	RUC Meeting
73100	Radiologic examination, wrist; 2 views	0.16	1	3	1	5	0.038	Aug 2005
73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	1	3	1	5	0.042	Aug 2005
73120	Radiologic examination, hand; 2 views	0.16	1	3	1	5	0.038	Aug 2005
73130	Radiologic examination, hand; minimum of 3 views	0.17	1	3	1	5	0.042	Aug 2005
73140	Radiologic examination, finger(s), minimum of 2 views	0.13	1	2	1	4	0.043	Aug 2005

These studies are the mainstay in the initial imaging evaluation of the fingers, hand and wrist. It is crucial the appropriate imaging technique for each region be utilized. The wrist 2 view and complete, minimum 3 view

codes are used when dedicated wrist images, with appropriate positioning, field-of-view, centering, and exposure are needed to evaluate for wrist pathologies such as non-displaced scaphoid waist fractures. The hand 2 view and complete, minimum 3 view codes are used when dedicated hand images, with appropriate positioning, field-of-view, centering, and exposure are needed to evaluate for hand pathologies such as a metacarpal neck fractures in trauma or subtle metacarpophalangeal joint erosions in inflammatory arthritis. The wrist and hand are two separate anatomic regions that require specific radiographic views to accurately diagnose underlying wrist or hand pathology. The hand comprises the metacarpal and phalangeal bones. Radiographs of the hand do not include the views required to accurately evaluate the wrist, which includes the radiocarpal, ulnocarpal, midcarpal, carpometacarpal and distal radioulnar joints. For example, in order to evaluate a wrist for carpal instability, specialized views are required, such as a clenched fist view, radial deviation view, or ulnar deviation view. Also a specific view is needed to evaluate ulnar variance. If one suspects a scaphoid fracture, specific views are needed to evaluate the integrity of the scaphoid. None of these views are included in the views of the hand. Radiologic examination, finger(s), minimum 2 views is used when well-profiled, small field-of-view high-resolution images of an individual finger (or fingers) are needed to evaluate finger pathologies such as subtle volar plate fractures.

### Survey Process

The American College of Radiology (ACR), the American Academy of Orthopaedic Surgeons (AAOS), and the American Society for Surgery of the Hand (ASSH) performed a random survey of our respective members. The ACR, AAOS, and ASSH 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 work RVU Recommendations for all 5 Survey Codes:

We recommend the 25<sup>th</sup> percentile work RVU and the median intra-service time for all 5 codes. We recommend 1 minute pre-service time and 1 minute post-service time for all 5 codes, which is lower than the surveyed values, but consistent with the pre- and post-service times of the most recently valued plain x-ray codes.

### 73130 (Radiologic examination, hand; minimum of 3 views)

#### Work RVU Recommendation

We recommend the 25<sup>th</sup> percentile work RVU of 0.17, which maintains the current value.

#### Time Recommendation

We recommend the following times: 1 minute pre-service, 5 minutes intra-service, and 1 minute post-service. The median intra-service time of 5 minutes is a 1 minute increase over existing. The 1 minute pre-service and 1 minute post-service times are lower than the surveyed values, but are consistent with the pre- and post-service times of the most recently valued plain x-ray codes.

#### Key Reference Services

Our recommendation compares favorably to the two most commonly chosen key reference services. 73630 (*Radiologic examination, foot; complete, minimum of 3 views*) was chosen by 43% of respondents, and 73080 (*Radiologic examination, elbow; complete, minimum of 3 views*) was chosen by 22% of respondents. 73130 has two additional minutes of intra time compared to both KRS codes, and identical recommended work RVU.

CPT	Short Descriptor	work RVU	Total Time	Pre	Intra	Post	IWPUT
73080	X-ray, elbow; complete, min 3 views	0.17	5	1	3	1	0.042

73630	X-ray, foot; complete, min 3 views	0.17	5	1	3	1	0.042
<b>73130</b>	<b>X-ray, hand; min 3 views</b>	<b>0.17</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0.025</b>

## MPC Codes

Our recommendation compares favorably to MPC codes 90970 and 72100.

CPT	Short Descriptor	work RVU	Total Time	Pre	Intra	Post	IWPUT
90970	Esrd home pt serv p day 20+	0.14	2.5		2.5		0.056
<b>73130</b>	<b>X-ray, hand; min 3 views</b>	<b>0.17</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0.025</b>
72100	X-ray, spine, lumbosacral; 2 or 3 views	0.22	6	1	3	2	0.051

## Summary and Comparison To Other Codes In The Wrist/Hand/Finger Family

Our recommendations are supported by our survey and the KRS and MPC codes provided, and maintain relativity across the wrist/hand/finger family:

CPT Code	Descriptor	work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
73100	Radiologic examination, wrist; 2 views	0.16	1	3	1	5	0.038
73110	Radiologic examination, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.031
73120	Radiologic examination, hand; 2 views	0.16	1	4	1	6	0.029
73130	Radiologic examination, hand; minimum of 3 views	0.17	1	5	1	7	0.025
73140	Radiologic examination, finger(s), minimum of 2 views	0.16	1	4	1	6	0.029

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 73130

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 Orthopedic Surgery                      How often? Commonly

Specialty Hand Surgery                      How often? Commonly

Specialty Diagnostic Radiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 3108264

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73130 provided nationally in a one-year period is estimated to be 3,108,264.

Specialty Orthopedic Surgery                      Frequency 478056                      Percentage 15.38 %

Specialty Hand Surgery                      Frequency 202543                      Percentage 6.51 %

Specialty Diagnostic Radiology                      Frequency 1904614                      Percentage 61.27 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

1,036,088 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 73130 is billed approximately 1,036,088 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery                      Frequency 159352                      Percentage 15.38 %

Specialty Hand Surgery                      Frequency 67514                      Percentage 6.51 %

Specialty Diagnostic Radiology                      Frequency 634871                      Percentage 61.27 %

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 73130

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: 73140      Tracking Number

Original Specialty Recommended RVU: **0.16**Presented Recommended RVU: **0.16**

Global Period: XXX

RUC Recommended RVU: **0.13**

CPT Descriptor: Radiologic examination, finger(s), minimum of 2 views

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 26-year-old male sustained a crush injury to his finger producing an open fracture of the middle phalanx. The presence of foreign material in the wound is questioned. AP, lateral, and oblique views of the finger are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of all bones, joints, joint spaces, alignment, and the deep and superficial soft tissues of the finger. 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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt A. Schoppe, MD; Daniel Wessell, MD; Anne Miller, MD; William Creevy, MD; John Heiner, MD				
<b>Specialty(s):</b>	American College of Radiology, American Society for Surgery of the Hand, American Academy of Orthopaedic Surgeons				
<b>CPT Code:</b>	73140				
<b>Sample Size:</b>	1700	<b>Resp N:</b>	93	<b>Response:</b> 5.4 %	
<b>Description of Sample:</b>	The specialty societies surveyed a random selection from each membership database. The ACR surveyed a random sample of 1000 members. The AAOS surveyed a random sample of 100 members, and the ASSH surveyed a random sample of 600 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	100.00	<b>200.00</b>	500.00	2500.00
<b>Survey RVW:</b>	0.14	0.16	<b>0.17</b>	0.18	0.30
<b>Pre-Service Evaluation Time:</b>			<b>2.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	2.00	<b>4.00</b>	5.00	20.00
<b>Immediate Post Service-Time:</b>	<b>3.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	73140	<b>Recommended Physician Work RVU: 0.13</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		1.00	0.00	1.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		4.00		
Please, pick the <u>post-service</u> 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				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		1.00	0.00	1.00

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73060	XXX	0.16	RUC Time

CPT Descriptor Radiologic examination; humerus, minimum of 2 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73600	XXX	0.16	RUC Time

CPT Descriptor Radiologic examination, ankle; 2 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90970	XXX	0.14	RUC Time	1,371,212

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 23      % of respondents: 24.7 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 21      % of respondents: 22.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>73140</u></b>	<b>Top Key Reference CPT Code: <u>73060</u></b>	<b>2nd Key Reference CPT Code: <u>73600</u></b>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	3.00	3.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>6.00</b>	<b>5.00</b>	<b>5.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.17	0.05
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.13	0.19
Urgency of medical decision making	0.00	0.19
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.26	0.10
Physical effort required	-0.04	0.05

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.09	0.24
Outcome depends on the skill and judgment of physician	0.30	0.24
Estimated risk of malpractice suit with poor outcome	0.17	0.24

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.30	0.19
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

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**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.

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**FREQUENCY INFORMATION**

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 73140

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 Orthopedic Surgery                      How often? Commonly

Specialty Hand Surgery                      How often? Commonly

Specialty Diagnostic Radiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1050909

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73140 provided nationally in a one-year period is estimated to be 1050909.

Specialty Orthopedic Surgery                      Frequency 285442                      Percentage 27.16 %

Specialty Hand Surgery                      Frequency 165846                      Percentage 15.78 %

Specialty Diagnostic Radiology                      Frequency 443788                      Percentage 42.22 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

350,303 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 73140 is billed approximately 350,303 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery                      Frequency 95147                      Percentage 27.16 %

Specialty Hand Surgery                      Frequency 55282                      Percentage 15.78 %

Specialty Diagnostic Radiology                      Frequency 147929                      Percentage 42.22 %

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:

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 73140

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: 73140	Tracking Number	Original Specialty Recommended RVU: <b>0.16</b>
		Presented Recommended RVU: <b>0.16</b>
Global Period: XXX		RUC Recommended RVU: <b>0.13</b>
CPT Descriptor: Radiologic examination, finger(s), minimum of 2 views		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 26-year-old male sustained a crush injury to his finger producing an open fracture of the middle phalanx. The presence of foreign material in the wound is questioned. AP, lateral, and oblique views of the finger are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of all bones, joints, joint spaces, alignment, and the deep and superficial soft tissues of the finger. 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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt A. Schoppe, MD; Daniel Wessell, MD; Anne Miller, MD; William Creevy, MD; John Heiner, MD				
<b>Specialty(s):</b>	American College of Radiology, American Society for Surgery of the Hand, American Academy of Orthopaedic Surgeons				
<b>CPT Code:</b>	73140				
<b>Sample Size:</b>	1700	<b>Resp N:</b>	93	<b>Response:</b> 5.4 %	
<b>Description of Sample:</b>	The specialty societies surveyed a random selection from each membership database. The ACR surveyed a random sample of 1000 members. The AAOS surveyed a random sample of 100 members, and the ASSH surveyed a random sample of 600 members.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	100.00	<b>200.00</b>	500.00	2500.00
<b>Survey RVW:</b>	0.14	0.16	<b>0.17</b>	0.18	0.30
<b>Pre-Service Evaluation Time:</b>			<b>2.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	2.00	<b>4.00</b>	5.00	20.00
<b>Immediate Post Service-Time:</b>	<b>3.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	73140	<b>Recommended Physician Work RVU: 0.13</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		1.00	0.00	1.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		4.00		
Please, pick the <u>post-service</u> 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				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		1.00	0.00	1.00



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73060	XXX	0.16	RUC Time

CPT Descriptor Radiologic examination; humerus, minimum of 2 views**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
73600	XXX	0.16	RUC Time

CPT Descriptor Radiologic examination, ankle; 2 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72100	XXX	0.22	RUC Time	1,875,706

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; 2 or 3 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
90970	XXX	0.14	RUC Time	1,371,212

CPT Descriptor 2 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 23      % of respondents: 24.7 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 21      % of respondents: 22.5 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>73140</u></b>	<b>Top Key Reference CPT Code: <u>73060</u></b>	<b>2nd Key Reference CPT Code: <u>73600</u></b>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	3.00	3.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>6.00</b>	<b>5.00</b>	<b>5.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.17	0.05
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.13	0.19
Urgency of medical decision making	0.00	0.19
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.26	0.10
Physical effort required	-0.04	0.05

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.09	0.24
Outcome depends on the skill and judgment of physician	0.30	0.24
Estimated risk of malpractice suit with poor outcome	0.17	0.24

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.30	0.19
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

---

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

- 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)

- 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) 73140

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 Orthopedic Surgery                      How often? Commonly

Specialty Hand Surgery                      How often? Commonly

Specialty Diagnostic Radiology                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1050909

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73140 provided nationally in a one-year period is estimated to be 1050909.

Specialty Orthopedic Surgery                      Frequency 285442                      Percentage 27.16 %

Specialty Hand Surgery                      Frequency 165846                      Percentage 15.78 %

Specialty Diagnostic Radiology                      Frequency 443788                      Percentage 42.22 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

350,303 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 73140 is billed approximately 350,303 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery                      Frequency 95147                      Percentage 27.16 %

Specialty Hand Surgery                      Frequency 55282                      Percentage 15.78 %

Specialty Diagnostic Radiology                      Frequency 147929                      Percentage 42.22 %

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:

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 73140

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	O	P	Q	R	S	T
13	<b>ISSUE: X-Ray Hand, Finger</b>																	
14	<b>TAB: 33</b>																	
15	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-T	INTRA-TIME					IMMD
16						MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST
17	REF1	73600	Radiologic examination, ankle; 2 views	34	0.038			0.16			5	1			3			1
18	REF2	73060	Radiologic examination; humerus, minimum of 2 views	14	0.038			0.16			5	1			3			1
19	CURRENT	73120	Radiologic examination, hand; 2 views		0.038			0.16			5	1			3			1
20	SVY	73120	Radiologic examination, hand; 2 views	93	0.015	0.16	0.16	0.17	0.18	0.40	9	2	1	2	4	5	20	3
21	REC	73120			0.029			0.16			6	1			4			1
22																		
23	REF1	73630	Radiologic examination, foot; complete, minimum of 3 views	40	0.042			0.17			5	1			3			1
24	REF2	73080	Radiologic examination, elbow; complete, minimum of 3 views	20	0.042			0.17			5	1			3			1
25	CURRENT	73130	Radiologic examination, hand; minimum of 3 views		0.042			0.17			5	1			3			1
26	SVY	73130	Radiologic examination, hand; minimum of 3 views	93	0.014	0.16	0.17	0.18	0.20	0.40	10	2	1	3	5	7	25	3
27	REC	73130			0.025			0.17			7	1			5			1
28																		
29	REF1	73060	Radiologic examination; humerus, minimum of 2 views	23	0.038			0.16			5	1			3			1
30	REF2	73600	Radiologic examination, ankle; 2 views	21	0.038			0.16			5	1			3			1
31	CURRENT	73140	Radiologic examination, finger(s), minimum of 2 views		0.043			0.13			4	1			2			1
32	SVY	73140	Radiologic examination, finger(s), minimum of 2 views	93	0.015	0.14	0.16	0.17	0.18	0.30	9	2	1	2	4	5	20	3
33	REC	73140			0.021			0.13			6	1			4			1

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38

Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs,  
CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
CT Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
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

April 5, 2016  
Date

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs, 31/CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
Code Range

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Signature

Ezequiel Silva III, MD, FACR

Printed Signature

American College of Radiology

Specialty Society

April 5, 2016

Date

**Tab Number: 32**


**Issue: X-ray of Wrist**

**Code(s): 73100, 73110**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	William Creevy, MD
<b>Specialty Society:</b>	American Academy of Orthopaedic Surgeons
<b>Date:</b>	April 5, 2016



**Tab Number: 33**


**Issue: X-ray of Hand, Fingers**

**Code(s): 73120, 73130, 73140**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	William Creevy, MD
<b>Specialty Society:</b>	American Academy of Orthopaedic Surgeons
<b>Date:</b>	April 5, 2016

**Tab Number: 32**


**Issue: X-ray of Wrist**

**Code(s): 73100, 73110**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	Anne Miller, MD
<b>Specialty Society:</b>	American Society for Surgery of the Hand
<b>Date:</b>	April 5, 2016

**Tab Number: 33**


**Issue: X-ray of Hand, Fingers**

**Code(s): 73120, 73130, 73140**

**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.)

<b>Signature:</b>	
<b>Print Name:</b>	Anne Miller, MD
<b>Specialty Society:</b>	American Society for Surgery of the Hand
<b>Date:</b>	April 5, 2016

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor:

<b>73100</b>	Radiologic examination, wrist; 2 views
<b>73110</b>	Radiologic examination, wrist; complete, minimum of 3 views
<b>73120</b>	Radiologic examination, hand; 2 views
<b>73130</b>	Radiologic examination, hand; minimum of 3 views
<b>73140</b>	Radiologic examination, finger(s), minimum of 2 views

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

*The American College of Radiology (ACR), American Academy of Orthopaedic Surgeons (AAOS), and American Society for Surgery of the Hand (ASSH) convened a consensus panel to finalize the practice expense data for x-ray wrist, hand, and finger codes 73100, 73110, 73120, 73130, and 73140.*

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

*The societies included the existing PE inputs for codes 73100, 73110, 73120, 73130, and 73140 on the spreadsheet to serve as a reference.*

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:

- **Prepare room, equipment, supplies** - 2 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Prepare and position patient/ monitor patient/ set up IV** - 2 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Clean room/equipment by physician staff** – 3 minutes is standard for this activity, and is consistent with recent recommendations for codes in the x-ray family.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Review examination with interpreting MD** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.

**CPT Code: 73100, 73110, 73120, 73130, 73140**  
**Specialty Society('s) ACR, AAOS, ASSH**

- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue** - CMS proposed a standard of 1 minute as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **PACS Workstation Proxy** - This is equal to the service period clinical labor time.
- **Professional PACS Workstation** - This is equal to the sum of the physician work pre and intra time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

- Greet patient, 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	E	G	I	K	M	O
1	REVISED AT RUC 4/27/16			REFERENCE CO		REFERENCE CO		REFERENCE CO	
2				73120	73120	73130	73130	73140	73140
3	Meeting Date: April 2016 Tab: 33 - X-Ray Hand/Finger Specialty: ACR, AAOS, ASSH	CMS Code	Staff Type	Radiologic examination, hand; 2 views (August 2003)	Radiologic examination, hand; 2 views (April 2016)	Radiologic examination, hand; minimum of 3 views (August 2003)	Radiologic examination, hand; minimum of 3 views (April 2016)	Radiologic examination, finger(s), minimum of 2 views (August 2003)	Radiologic examination, finger(s), minimum of 2 views (April 2016)
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L041B	Rad Tech	14	19	17	21	17	21
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L041B	Rad Tech	0	0	0	0	0	0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L041B	Rad Tech	14	19	17	21	17	21
9	TOTAL POST-SERV CLINICAL LABOR TIME	L041B	Rad Tech	0	0	0	0	0	0
10	PRE-SERVICE								
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
24	Obtain vital signs								
25	Provide pre-service education/obtain consent								
26	Prepare room, equipment, supplies	L041B	Rad Tech	1	2	1	2	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	2
29	Sedate/apply anesthesia								
30	Other Clinical Activity - specify:								
31	Intra-service								
32	Acquire images	L041B	Rad Tech	4	4	6	6	6	6
33	Post-Service								
34	Monitor pt. following moderate sedation								
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)								
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)								
37	Clean room/equipment by physician staff	L041B	Rad Tech	2	3	2	3	2	3
38	Clean Scope								
39	Clean Surgical Instrument Package								
40	Complete diagnostic forms, lab & X-ray requisitions								
41	Review/read X-ray, lab, and pathology reports								
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Rad Tech		2		2		2
44	Review examination with interpreting MD	L041B	Rad Tech		2		2		2
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	Rad Tech		1		1		1
46	Other Clinical Activity - specify:								
47	- Process films, hang films and review study with interpreting MD prior to patient discharge	L041B	Rad Tech	3		4		4	
51	End: Patient leaves office								
52	POST-SERVICE Period								
64	MEDICAL SUPPLIES*	CODE	UNIT						
65	gown, patient	SB026	item	1	0	1	0	1	0
66	EQUIPMENT	CODE							
67	room, basic radiology	EL012		14	13	17	15	17	15
68	PACS Workstation Proxy	ED050		14	19	17	21	17	21
69	Professional PACS Workstation	NEW			5		6		5

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
***\*CMS High Expenditure Procedures\****

April 2016

**CT Angiography of Abdominal Arteries**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010.

***75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including-noncontrast images, if performed, and image postprocessing***

The RUC reviewed the survey results from 65 radiologists and agreed with the following physician time components: pre-service time of 10 minutes, intra-service time of 39 minutes and post-service time of 8 minutes. The RUC noted that, although there was a modest decrease in physician time relative to when this service was last reviewed by the RUC in 2001, the number of images has increased several fold and the detail in those image reconstructions has increased. The RUC agreed that the change in the amount and detail of these images would make the work somewhat more intense to perform.

The specialty society noted that the survey code was presented separately from other CTA codes as this service represents a different patient populations and different diagnoses. For example, the typical patient receiving a CTA of abdominal arteries has peripheral vascular disease, as opposed to CTA Abdomen and Pelvis where aortic disease or visceral disease are typical. The RUC agreed the survey code does not have any other services within the same family.

The RUC reviewed the respondents' estimated 25<sup>th</sup> percentile work RVU of 2.45, which is somewhat higher than the existing work RVU, and agreed that the survey data supports maintaining a work RVU of 2.40 for the code. The RUC compared the survey code to key reference code 74262 *Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed* (work RVU= 2.50, intra-service time of 45 minutes, total time of 57 minutes) and noted that both services have identical total times, while the survey code involves somewhat more intense work, supporting a work RVU of 2.40 for the survey code. To further justify a work RVU of 2.40, the RUC compared the survey code to MPC code 95810 *Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist* (work RVU= 2.50, intra-service time of 36.5 minutes, total time of 66.5 minutes) and noted that the survey code has more intra-service time and involves somewhat more intense physician work. The RUC also compared the survey

code to other CT Angiography services such as, 73706 *CT Angiography, lower extremity, with contrast, including noncontrast images, if performed, and post processing* (work RVU= 1.90) and 74174 *CT Angiography, abdomen and pelvis, with contrast, including noncontrast images, if performed, and post processing* (work RVU= 2.20) and agreed that the valuation of the survey code is appropriate relative to these other CTA services. **The RUC recommends a work RVU of 2.40 for CPT code 75635.**

#### Practice Expense

The clinical staff time inputs were revised to ensure that there is sufficient time for the clinical staff to obtain consent and to prepare the supplies to accommodate the angiography. Additionally, the equipment minutes were corrected for the CT room as it is used to acquire the images, but not during the post processing. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including-noncontrast images, if performed, and image postprocessing	XXX	2.40 (No Change)



## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 75635	Tracking Number	Original Specialty Recommended RVU: <b>2.40</b>
		Presented Recommended RVU: <b>2.40</b>
Global Period: XXX		RUC Recommended RVU: <b>2.40</b>

CPT Descriptor: Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing

### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male referred for further evaluation of claudication with suspected aortoiliac atherosclerotic disease. A CT angiogram with lower extremity runoff 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? 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 the reason for the exam and any pertinent clinical history including history of contrast allergy, renal insufficiency, or other contraindication to IV contrast.

Review any prior imaging studies.

Determine the appropriate CT protocol for the examination, confirm that pre- and post-contrast images are indicated, and communicate that protocol to the CT technologists.

Description of Intra-Service Work: Supervise insertion of IV catheter, selection of contrast media, and set-up of mechanical injector. Obtain and interpret scout views of area to be imaged. Obtain and review non-contrast CT images to ensure proper anatomic coverage prior to contrast administration.

Supervise low- or iso-osmolar contrast injection. Obtain the arterial phase CT images and review to ensure adequate anatomic coverage. Obtain and review delayed parenchymal phase CT images.

Assess the need for additional delayed images based on the initial contrast phases (e.g. solid organ or complex vascular lesions, endoleak after stent graft repair of aneurysms, or poor cardiac output and insufficient opacification of distal extremity arteries).

Create and/or supervise two-dimensional reconstructions of the intra-abdominal, pelvic, and lower extremity vasculature and associated organs, interpret, and annotate.

Supervise and/or create three-dimensional reconstructions of the intra-abdominal, pelvic, and lower extremity vasculature and associated organs.

Adjust the projections of the three-dimensional reconstructions to optimize visualization of anatomy or pathology and store the obtained images.

Interpret the axial source images of the pre-contrast sequence, arterial phase sequence, parenchymal phase sequence, and any additional delayed sequences, as well as the two-dimensional and three-dimensional reformatted images resulting from the study, often including cine review.

Perform and record appropriate measurements for pre-operative assessment of intra-abdominal, pelvis, and/or peripheral vascular disease.

Compare to all pertinent available prior studies. Dictate report. Documentation of radiation exposure, specifically dose and/or registry reporting.

Description of Post-Service Work: Review, edit, and sign the final report. Communicate results to referring provider.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Zeke Silva, III, MD; Kurt Schoppe, MD				
<b>Specialty(s):</b>	American College of Radiology				
<b>CPT Code:</b>	75635				
<b>Sample Size:</b>	750	<b>Resp N:</b>	65	<b>Response:</b>	8.6 %
<b>Description of Sample:</b>	The ACR surveyed a random selection of 750 members from its membership database.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	3.00	25.00	44.00	60.00	200.00
<b>Survey RVW:</b>	1.82	2.45	2.50	2.70	4.30
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	10.00	20.00	39.00	45.00	60.00
<b>Immediate Post Service-Time:</b>	<b>8.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	75635	<b>Recommended Physician Work RVU: 2.40</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	10.00	0.00	10.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	39.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	8.00	0.00	8.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74262	XXX	2.50	RUC Time

CPT Descriptor Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
75573	XXX	2.55	RUC Time

CPT Descriptor 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)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95810	XXX	2.50	RUC Time	295,206

CPT Descriptor 1 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99349	XXX	2.33	RUC Time	1,104,486

CPT Descriptor 2 Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74178	XXX	2.00	RUC Time

CPT Descriptor 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

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**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 24      % of respondents: 36.9 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 12      % of respondents: 18.4 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>75635</u>	<b>Top Key Reference CPT Code:</b> <u>74262</u>	<b>2nd Key Reference CPT Code:</b> <u>75573</u>
Median Pre-Service Time	10.00	5.00	15.00
Median Intra-Service Time	39.00	45.00	30.00
Median Immediate Post-service Time	8.00	7.00	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
<b>Median Total Time</b>	<b>57.00</b>	<b>57.00</b>	<b>60.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.71	0.92
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.83	0.83

Urgency of medical decision making	0.88	0.50
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**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.50	0.33
--------------------------	------	------

Physical effort required	0.29	0.50
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.67	0.42
---	------	------

Outcome depends on the skill and judgment of physician	0.58	0.17
--	------	------

Estimated risk of malpractice suit with poor outcome	0.54	0.50
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.67	0.50
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

CPT Code 75635 (*Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing*) was identified as potentially misvalued in the High Expenditure by Specialty Table 8 of the 2016 MPFS NPRM.

**Survey Process**

The American College of Radiology (ACR) conducted a random survey of members and assembled an expert panel to review the data and develop the following recommendations.

**Work RVU Recommendation:**

We recommend maintaining the current work RVU of 2.40, which is below the 25<sup>th</sup> percentile survey value.

**Time Recommendation:**

We recommend the median survey times of 10 minutes pre-service, 39 minutes intra-service, and 8 minutes post-service.

**Key Reference Services:**

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74262 (*Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed*) chosen by 37% of respondents and 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)*) chosen by 18% of respondents.

Our recommendation for 75635 has a slightly lower wRVU compared to the two KRS codes while having a lower intra-service time than 74262 and also having higher pre- and post-service times. Moreover 75635 has 9 minutes more intra-service time compared with the second KRS, 75573, while having a lower existing and recommended wRVU of 2.40 compared with 2.55 for 75573. The surveyed code scored more complex on all of the complexity measurements compared with the two KRS codes.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
75635	CT Angiography, abdominal aorta and lower extremity runoff, with contrast, and non-contrast images, if performed	2.40	57	10	39	8	0.051
74262	CT Colonography, diagnostic, with contrast, and non-contrast images, if performed	2.50	57	5	45	7	0.050
75573	CT Heart, with contrast, cardiac structure and morphology for congenital heart disease	2.55	60	15	30	15	0.063

#### MPC Codes:

The surveyed code compares well with 99204 (*Office or other outpatient visit for the evaluation and management of a new patient*), and 95810 (*Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist*), both of which have greater wRVU value and less intra-service time.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
75635	CT Angiography, abdominal aorta and lower extremity runoff, with contrast, and non-contrast images, if performed	2.40	57	10	39	8	0.051
99204	Office visit, new patient	2.43	45	5	30	10	0.070
95810	Polysomnography; age 6 years and older, sleep staging with 4 or more additional parameters, attended by a technologist	2.50	66.5	15	36.5	15	0.050

#### Family of Codes:

Our recommendation for maintenance of the current value for 75635 is supported by the survey data, comparisons with Key Reference Services, and relativity to appropriate MPC codes. Our recommendation also maintains relativity within the larger body CTA family.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
73706	CT Angiography, lower extremity, with contrast, including noncontrast images, if performed, and post processing	1.90	50	10	30	10	0.0484
73706	CT Angiography, lower extremity, with contrast, including noncontrast images, if performed, and post processing	1.90	50	10	30	10	0.0484
74174	CT Angiography, abdomen and pelvis, with contrast, including noncontrast images, if performed, and post processing	2.20	40	5	30	5	0.066
75635	CT Angiography, abdominal aorta and lower extremity runoff, with contrast, and non-contrast images, if performed, and post processing	2.40	57	10	39	8	0.051

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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) 75635

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 278652

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 75635 provided nationally in a one-year period is estimated to be 278652.

Specialty Diagnostic Radiology                      Frequency 229525                      Percentage 82.36 %

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? 92,884 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 75635 is billed approximately 92,884 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology                      Frequency 76508                      Percentage 82.36 %

Specialty                      Frequency 0                      Percentage 0.00 %

Specialty                      Frequency 0                      Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Advanced imaging



BETOS Sub-classification Level II:  
CAT/CT/CTA: Other

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**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 75635

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
13	ISSUE: CTA Run-off																			
14	TAB: 34																			
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	1st REF	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	24	0.050			2.50			57	5					45			7
18	2nd REF	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)	12	0.063			2.55			60	15					30			15
19	CURRENT	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		0.041			2.40			70.50	10.50					45			15
20	SVY	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	65	0.054	1.82	2.45	2.50	2.70	4.30	57	10			10	20	39	45	60	8
21	REC				0.051	2.40					57	10					39			8
22																				
23																				
24																				
25																				
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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs, 31/CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Ezequiel Silva III, MD, FACR  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

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Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs,  
CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
CT Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
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Signature

Kurt A. Schoppe, MD  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

<b>75635</b>	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
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Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

*The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for the CT Angiography of Abdominal Arteries code 75635.*

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 society included the existing PE inputs for code 75635 on the spreadsheet to serve as a reference. Codes 71275 and 74174 were also included to provide further comparison with other computed tomographic angiography codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- **Prepare room, equipment, supplies** – An additional 2 minutes is required for preparing the contrast.
- **Prepare and position patient/ monitor patient/ set up IV** - 2 minutes is standard for non-contrast codes and consistent with prior CT exams. We recommended 5 minutes for the codes involving contrast to allow time for positioning the patient with the IV, connecting the patient to the contrast injector, and ensuring there are no impediments to table motion during the exam.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** - A standard of 2 minutes is appropriate for most plain radiograph codes; however, a CT Angiography exam generates hundreds of images as well as multiplanar MPR and MIP reformats. The technologist requires additional time to prepare and review these images prior to finalizing them for the medical record. Allowing 4 minutes for this task is appropriate and fits within the overall relativity of radiology modalities (3 minutes for CT and 5 minutes for MRI).

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist**- This protocol is required prior to procedure.
- **Acquire images**- This is the standard procedure for this CT Angiography service.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Review examination with interpreting MD** - CMS proposed a standard of 2 minutes as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue** - CMS proposed a standard of 1 minute as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Final Rule.
- **Kit, Contrast imaging** – required for contrast administration
- **Paper, exam table** – necessary for the CT table
- **IV tubing (extension)** – required for contrast administration (power injector)
- **Syringe, 25ml (MRI power injector)** – required for contrast administration. The other pressure syringe (syringe, pressure (radiology)) included is used for saline.
- **Tubing, sterile, connecting (fluid administration)** – required for contrast administration
- **Sodium chloride 0.9% inj (250-1000ml uou)** – required for contrast administration
- **Room, CT** – required to perform the procedure
- **Professional PACS Workstation** - This is equal to the sum of the physician work pre and intra time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire Images
- Assist physician in performing procedure/Computer post processing
- 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	F	H	J
1	<b>REVISED AT RUC 4/27/16</b>			<b>REFERENCE CODE</b>	<b>REFERENCE CODE</b>	<b>REFERENCE CODE</b>	
2				<b>71275</b>	<b>74174</b>	<b>75635</b>	<b>75635</b>
3	<b>Meeting Date: April 2016</b> <b>Tab: 34 - CT Angiography of Abdominal Arteries</b> <b>Specialty: ACR</b>	<b>CMS Code</b>	<b>Staff Type</b>	Computed tomographic angiography, chest (noncoronary), with	Computed tomographic angiography, abdomen and pelvis, with contrast	Computed tomographic angiography, abdominal aorta and bilateral	Computed tomographic angiography, abdominal aorta and bilateral
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>	<b>Non Fac</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L046A	CT Tech	<b>79.0</b>	<b>94.0</b>	<b>0.0</b>	<b>123.0</b>
7		L041B	Rad Tech	<b>6.0</b>	<b>6.0</b>	<b>143.0</b>	<b>6.0</b>
8	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L041A	CT Tech	<b>4.0</b>	<b>2.0</b>	<b>0.0</b>	<b>4.0</b>
9		L041B	Rad Tech	<b>0.0</b>	<b>0.0</b>	<b>5.0</b>	<b>0.0</b>
10	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L041A	CT Tech	<b>75.0</b>	<b>92.0</b>	<b>0.0</b>	<b>119.0</b>
11		L041B	Rad Tech	<b>6.0</b>	<b>6.0</b>	<b>133.0</b>	<b>6.0</b>
12	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>	L041A	CT Tech	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
13		L041B	Rad Tech	<b>0.0</b>	<b>0.0</b>	<b>5.0</b>	<b>0.0</b>
14	<b>PRE-SERVICE</b>						
15	<b>Start: Following visit when decision for surgery or procedure made</b>						
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	L046A	CT Tech	<b>2</b>	<b>2</b>	<b>5</b>	<b>2</b>
22	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L046A	CT Tech	<b>2</b>			<b>2</b>
23	Other Clinical Activity - <i>specify:</i>						
24	-Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information						
25	<b>End: When patient enters office/facility for surgery/procedure</b>						
26	<b>SERVICE PERIOD</b>						
27	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
28	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Rad Tech	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
29	Obtain vital signs						
30	Provide pre-service education/obtain consent	L046A	CT Tech	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>
31	Prepare room, equipment, supplies	L046A	CT Tech	<b>2</b>	<b>2</b>	<b>5</b>	<b>4</b>
32	Setup scope (non facility setting only)						
33	Prepare and position patient/ monitor patient/ set up IV	L046A	CT Tech	<b>5</b>	<b>5</b>	<b>7</b>	<b>5</b>
34	Sedate/apply anesthesia						
35	Other Clinical Activity - <i>specify:</i>						
36	<b>Intra-service</b>						
37	Acquire images	L046A	CT Tech	<b>28</b>	<b>45</b>		<b>55</b>
38	<b>Computer 3-D post processing</b>	L046A	CT Tech	<b>33</b>	<b>33</b>	<b>72</b>	<b>45</b>
39	Perform CT examination to obtain source images					<b>34</b>	
40	<b>Post-Service</b>						
41	Monitor pt. following moderate sedation						
42	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)						
43	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)						
44	Clean room/equipment by physician staff	L041B	Rad Tech	<b>3</b>	<b>3</b>	<b>5</b>	<b>3</b>
45	Clean Scope						
46	Clean Surgical Instrument Package						
47	Complete diagnostic forms, lab & X-ray requisitions						
48	Review/read X-ray, lab, and pathology reports						
49	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
50	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Tech	<b>2</b>	<b>2</b>		<b>4</b>
51	Review examination with interpreting MD	L046A	CT Tech	<b>2</b>	<b>2</b>		<b>2</b>
52	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L046A	CT Tech	<b>1</b>	<b>1</b>		<b>1</b>
53	Other Clinical Activity - <i>specify:</i>						
54	Starting IV for high volume and rate power injection	L041B	Rad Tech			<b>5</b>	
55	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
56	Dischrg mgmt (1.0 x 99238) (enter 12 min)			<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
57	Dischrg mgmt (1.0 x 99239) (enter 15 min)			<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
58	<i>Process films, hang films and review study with interpreting</i>						
59	<b>End: Patient leaves office</b>						

	A	B	C	D	F	H	J
1	REVISED AT RUC 4/27/16			REFERENCE CODE	REFERENCE CODE	REFERENCE CODE	
2				71275	74174	75635	75635
3	Meeting Date: April 2016 Tab: 34 - CT Angiography of Abdominal Arteries Specialty: ACR	CMS Code	Staff Type	Computed tomographic angiography, chest (noncoronary), with	Computed tomographic angiography, abdomen and pelvis, with contrast	Computed tomographic angiography, abdominal aorta and bilateral	Computed tomographic angiography, abdominal aorta and bilateral
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX
60	POST-SERVICE Period						
61	Start: Patient leaves office/facility						
62	Conduct phone calls/call in prescriptions						
63	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
64	99211 16 minutes		16				
65	99212 27 minutes		27				
66	99213 36 minutes		36				
67	99214 53 minutes		53				
68	99215 63 minutes		63				
69	Total Office Visit Time			0.0	0.0	0.0	0.0
70	Other Clinical Activity - specify:						
71	Review films with physician for adequacy	L041B	Rad Tech			5	
72	End: with last office visit before end of global period						
73	MEDICAL SUPPLIES*	CODE	UNIT				
74	Kit, Contrast Imaging	SA114	kit	1	1		1
75	gloves, sterile	SB024	pair			1	
76	gown, patient	SB026	item	1	1	1	1
77	paper, exam table	SB036	item	7	7		7
78	angiocatheter 14g-24g	SC001	item			1	
79	iv tubing (extension)	SC019	foot	3	3	1	3
80	needle, 18-27g	SC029	item			1	1
81	stop cock, 4-way	SC050	item	1	1	1	1
82	syringe, 25ml (MRI power injector)	SC059	item	1	1		1
83	syringe, pressure (radiology)	SC060	item	1	1	1	1
84	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			1	1
85	tubing, sterile, connecting (fluid administration)	SD212	item	1	1		1
86	tape, elastic, 1in (Elastoplast, Elasticon) (5yd uou)	SG075	item		6		
87	tape, surgical paper 1in (Micropore)	SG079	inch	6		6	6
88	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item	1	1		1
89	sodium chloride 0.95 inj bacteriostatic (30ml uou)	SH068	item			0.34	
90	swab-pad, alcohol	SJ053	item			1	
91	EQUIPMENT	CODE					
92	printer, laser, paper	ED032		10	10		
93	room, CT	EL007		40	57	55	71
94	PACS Workstation Proxy	ED050		61	78	133	119
95	Professional PACS Workstation	NEW					49



AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures\**

April 2016

**Ophthalmic Ultrasound**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 76512 was identified via this screen and codes 76510 and 76511 were added for review as part of this family of services.

The specialty societies indicated a scheduling conflict for the American Society of Retina Specialists (ASRS) to be able to survey for the April 2016 RUC meeting. The RUC inquired about the delay and learned that ASRS had a meeting conflict which would have prohibited their involvement in the survey process. The RUC agreed that it was important for the appropriate specialties to be involved and that the delay would not impact the ability of the RUC to value the codes within the current cycle. Therefore, the RUC agreed that a delay in surveying for the October RUC meeting would be appropriate. **The RUC recommends delay to the October 2016 RUC meeting for CPT codes 76510, 76511, and 76512.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
76510 (f)	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	XXX	Deferral to Oct 2016 RUC Meeting.
76511 (f)	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	XXX	Deferral to Oct 2016 RUC Meeting.

76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	XXX	Deferral to Oct 2016 RUC Meeting.
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AMERICAN ACADEMY™  
OF OPHTHALMOLOGY

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April 4, 2016

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Peter Smith, M.D., Chair  
AMA Specialty Society Relative Value Update Committee  
American Medical Association  
330 North Wabash Ave., Suite 39300  
Chicago IL 60611-5885

Dear Dr. Smith,

The American Academy of Ophthalmology is writing to provide further information regarding Tab 35 Ophthalmic Ultrasound. The Academy is requesting to postpone surveys for CPT 76510, 76511 and 76512 because of a scheduling conflict for the April meeting. One of the presenting organizations which would participate in presenting the surveys is not available. Moving presentation of these surveys to the October meeting does not impact the implementation of any resulting recommendations by the RUC and it will mean that one of the key groups will be able to provide their expertise to the panel this fall during the discussion.

We greatly appreciate your consideration of this request. If you have any questions or need additional information please contact Ms. Cherie McNett, AAO Health Policy Director at [cmcnett@aaodc.org](mailto:cmcnett@aaodc.org) or via phone at 202-737-6662.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael X. Repka".

Michael X. Repka, M.D., M.B.A  
Medical Director for Government Affairs

A handwritten signature in black ink, appearing to read "David B. Glasser".

David B. Glasser, M.D.  
RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
**\*CMS High Expenditure Procedures\***

April 2016

**Ophthalmic Biometry**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010.

**76516 Ophthalmic biometry by ultrasound echography, A-scan;**

The RUC reviewed the survey results from 86 practicing ophthalmologists and agreed with the following time components: pre-service time of 2 minutes, intra-service time of 10 minutes and immediate post-service time of 2 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the appropriate value is the 25<sup>th</sup> percentile (work RVU= 0.40). The RUC compared the surveyed code to top key reference code 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg.; or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)* (work RVU= 0.50, intra time= 10 minutes) and noted that both services have identical intra-service time and comparable physician work. The RUC also compared to CPT code 92541 *Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording* (workRVU=0.40, intra time=10 minutes) as a recently reviewed (RUC review 2014) code with identical intra-service time. **The RUC recommends a work RVU of 0.40 for CPT code 76516.**

**76519 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

The RUC reviewed the survey results from 99 practicing ophthalmologists and agreed with the following time components: pre-service time of 2 minutes, intra-service time of 10 minutes and immediate post-service time of 10 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the appropriate value is between the median value (work RVU= 0.70) and 25<sup>th</sup> percentile (work RVU= 0.51), which aligns with maintaining the current work RVU of 0.54. The RUC compared the surveyed code to top key reference code 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg.; or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)*

(work RVU= 0.50, intra time= 10 minutes) and noted that both services have identical intra-service time and comparable physician work. **The RUC recommends a work RVU of 0.54 for CPT code 76519.**

**92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

The RUC reviewed the survey results from 101 practicing ophthalmologists and agreed with the following time components: pre-service time of 2 minutes, intra-service time of 10 minutes and immediate post-service time of 10 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the appropriate value is between the median value (work RVU= 0.75) and 25<sup>th</sup> percentile (work RVU= 0.50), which aligns with maintaining the current work RVU of 0.54.. The RUC compared the surveyed code to top key reference code 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg.; or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)* (work RVU= 0.50, intra time= 10 minutes) and noted that both services have identical intra-service time and comparable physician work. **The RUC recommends a work RVU of 0.54 for CPT code 92136.**

**Practice Expense:**

The RUC approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

**Work Neutrality**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
76516 (f)	Ophthalmic biometry by ultrasound echography, A-scan;	XXX	0.40
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	XXX	0.54 (No Change)

92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	XXX	0.54 (No Change)
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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 76516	Tracking Number	Original Specialty Recommended RVU: <b>0.40</b>
		Presented Recommended RVU: <b>0.40</b>
Global Period: XXX		RUC Recommended RVU: <b>0.40</b>

CPT Descriptor: Ophthalmic biometry by ultrasound echography, A-scan;

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 79-year old male with a visually significant cataract has his axial length measured with ultrasound.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 12%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient's chief complaint and chart. Describe the test. Review the purpose, risks and benefits of the procedure with patient and/or family. Evaluate previous testing if available.

Description of Intra-Service Work: Evaluate the ultrasound images for quality of the waveform spikes. Review the images and compare the axial length, anterior chamber depth and lens thickness between the two eyes for symmetry and correlate with preoperative refractive error.

Description of Post-Service Work: Dictate the report of the procedure for the medical record. Review and sign report. Communicate results to the patient and referring physician.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	David B. Glasser, M.D AAO				
<b>Specialty(s):</b>	Ophthalmology				
<b>CPT Code:</b>	76516				
<b>Sample Size:</b>	1408	<b>Resp N:</b>	86	<b>Response:</b> 6.1 %	
<b>Description of Sample:</b>	A random sample of members were pulled from the AAO and ASCRS databases.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	4.25	20.00	72.50	1600.00
<b>Survey RVW:</b>	0.25	0.40	0.55	0.79	2.50
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	5.00	10.00	10.00	60.00
<b>Immediate Post Service-Time:</b>	<b>6.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	76516	<b>Recommended Physician Work RVU: 0.40</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	2.00	0.00	2.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	10.00			
<b>Please, pick the <u>post-service</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92083	XXX	0.50	RUC Time

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg.;, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92025	XXX	0.35	RUC Time

CPT Descriptor Computerized corneal topography, unilateral or bilateral, with interpretation and report

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99281	XXX	0.45	RUC Time	78,955

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92082	XXX	0.40	RUC Time	154,388

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33).

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
72084	XXX	0.41	RUC Time

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 23      % of respondents: 26.7 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 15      % of respondents: 17.4 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>76516</u>	<b>Top Key Reference CPT Code:</b> <u>92083</u>	<b>2nd Key Reference CPT Code:</b> <u>92025</u>
Median Pre-Service Time	2.00	3.00	5.00
Median Intra-Service Time	10.00	10.00	12.00
Median Immediate Post-service Time	2.00	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
<b>Median Total Time</b>	<b>14.00</b>	<b>13.00</b>	<b>17.00</b>
<b>Other time if appropriate</b>			

### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.04	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.39	0.07
Urgency of medical decision making	0.43	0.27

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.83	0.47
Physical effort required	0.43	0.20

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.83	0.33
Outcome depends on the skill and judgment of physician	1.17	0.27
Estimated risk of malpractice suit with poor outcome	1.22	0.73

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.87	0.33
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CPT 76516 *Ophthalmic biometry by ultrasound echography, A-scan* is part of a family of codes, including 76519 *Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation* that was identified by CMS as a high expenditure XXX procedure. It has never been reviewed by the RUC.

A random survey of AAO and ASCRS members had 86 respondents, 85% of whom found the vignette typical. The median WRVU was 0.55 and the 25<sup>th</sup> percentile was 0.40. Median IST was 10 minutes. The current value of the code is 0.54 WRVU. The primary reference service, chosen by 27%, was 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg; or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)* (RUC April 2012) with a WRVU of 0.50 and 10 minutes IST. The second reference service, chosen by 17%, was 92025, *Computerized corneal topography, unilateral or bilateral, with interpretation and report* (RUC February 2006) with a WRVU of 0.35 and 12 minutes IST. The low percentages likely reflect the diverse number of XXX reference codes with similar WRVU values, none of which are particularly similar to the work performed in 76516. The intensity and complexity metrics for the surveyed code were similar or slightly higher than those of the reference codes.

The expert panel of the AAO and ASCRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 10 minutes is reduced from the Harvard time of 17 minutes. The Harvard times reflect no pre- or post-time. The survey pre-time for evaluation was 5 minutes. The procedure is typically done in conjunction with an office visit. We therefore reduced the pre-service time

to 2 minutes to describe the test and review its purpose, risks and benefits with the patient. The survey post-time was 6 minutes. We reduced this to 2 minutes to prepare the report and communicate the results. **We recommend the survey's 25<sup>th</sup> percentile value of 0.40 WRVU.**

This value is supported by MPC code 92082 *Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination...* (RUC April 2010) with 0.40 WRVU, an IST of 8 minutes, and total time of 11 minutes and MPC code 99281 *Emergency department visit for the evaluation and management of a patient... self-limited or minor.* (RUC September 2005) with 0.45 WRVU, an IST of 7 minutes and total time of 13 minutes. The value is also supported by CPT code 72084, *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views* (RUC January 2015) with 0.41 WRVU, an IST of 8 minutes and total time of 10 minutes.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmologic exam codes

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology

How often? Sometimes

Specialty Optometry

How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6643

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology	Frequency 5976	Percentage 89.95 %
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Specialty Optometry	Frequency 668	Percentage 10.05 %
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,429

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Ophthalmology	Frequency 3984	Percentage 89.95 %
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Specialty Optometry	Frequency 445	Percentage 10.04 %
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Specialty	Frequency 0	Percentage 0.00 %
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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:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Other

### Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76516

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 76519	Tracking Number	Original Specialty Recommended RVU: <b>0.54</b>
		Presented Recommended RVU: <b>0.54</b>
Global Period: XXX		RUC Recommended RVU: <b>0.54</b>

CPT Descriptor: Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old female with a visually significant cataract in the right eye undergoes ultrasonic biometry and intraocular lens calculations.

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? 14%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient's chief complaint and chart. Describe the test. Review the risks and benefits of the procedure with patient and/or family. Evaluate previous testing if available. Communicate target refractive error and desired potential intraocular lens implants to technician.

Description of Intra-Service Work: Evaluate the ultrasound images for quality of the waveform spikes. Review the images and compare the axial length, anterior chamber depth and lens thickness between the two eyes for symmetry and correlate with preoperative refractive error. Provide a report that includes the use of the biometry measurements along with keratometry and white-to-white measurement in the calculation of intraocular lens implant power using one or more formulae.

Description of Post-Service Work: Dictate the report of the procedure for the medical record. Review and sign report. Communicate results to the patient, discussing lens implant options for desired post-operative refractive result. Enter an order for the intraocular lens implant.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	David B. Glasser, M.D AAO				
<b>Specialty(s):</b>	Ophthalmology				
<b>CPT Code:</b>	76519				
<b>Sample Size:</b>	1408	<b>Resp N:</b>	99	<b>Response:</b> 7.0 %	
<b>Description of Sample:</b>	A random sample of members were pulled from the AAO and ASCRS databases				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	20.00	<b>40.00</b>	150.00	1600.00
<b>Survey RVW:</b>	0.30	0.51	<b>0.70</b>	0.90	3.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	5.00	<b>10.00</b>	15.00	60.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	76519	<b>Recommended Physician Work RVU: 0.54</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	2.00	0.00	2.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	10.00			
<b>Please, pick the <u>post-service</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	10.00	0.00	10.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	0.97	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92083	XXX	0.50	RUC Time

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg; or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76536	XXX	0.56	RUC Time	760,096

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99212	XXX	0.48	RUC Time	15,861,840



CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76705	XXX	0.59	RUC Time

CPT Descriptor Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)

### **RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 30      % of respondents: 30.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 18      % of respondents: 18.1 %**

### **TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>76519</u>	<b>Top Key Reference CPT Code:</b> <u>99213</u>	<b>2nd Key Reference CPT Code:</b> <u>92083</u>
Median Pre-Service Time	2.00	3.00	3.00
Median Intra-Service Time	10.00	15.00	10.00
Median Immediate Post-service Time	10.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>22.00</b>	<b>23.00</b>	<b>13.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES***(of those that selected Key Reference codes)**Survey respondents are rating the survey code relative to the key reference code.***Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.70	0.89
Urgency of medical decision making	0.37	0.50
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.90	1.33
Physical effort required	0.53	0.89
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	1.13	1.56
Outcome depends on the skill and judgment of physician	1.20	1.61
Estimated risk of malpractice suit with poor outcome	1.33	1.94

**INTENSITY/COMPLEXITY MEASURES**

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Time Segment (Mean)</u></b>		
Overall intensity/complexity	1.10	1.50

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CPT 76519 *Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation* was identified by CMS as a high expenditure XXX procedure. It was last reviewed by the RUC in 2005.

A random survey of AAO and ASCRS members had 99 respondents, 95% of whom found the vignette typical. The median WRVU was 0.70 and the 25<sup>th</sup> percentile was 0.51. Median IST was 10 minutes. The current value of the code is 0.54 WRVU. The primary reference service, chosen by 30%, was 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination ...* (RUC April 2012) with a WRVU of 0.50 and 10 minutes IST. The second reference service, chosen by 18%, was 99213, *Office or other outpatient visit for the evaluation and management of an established patient... low to moderate severity.* (RUC February 2006) with a WRVU of 0.97 and 15 minutes IST. The low percentages likely reflect the diverse number of XXX reference codes with similar WRVU values, none of which are particularly similar to the type of work performed with 76519. The intensity and complexity metrics for the surveyed code were higher than those of the reference codes.

The expert panel of the AAO and ASCRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 10 minutes is increased from the current time of 5 minutes, while pre-service time is less and post-service time is greater. This reflects a change in technique over time. In the past, physicians typically positioned the patient and acquired the images. A technician now typically does that work. The survey pre-time for evaluation was 5 minutes. The procedure is typically done in conjunction with an office visit. We therefore reduced the pre-service time to 2 minutes to describe the test and review its purpose, risks and benefits with the patient. The increased intra-service time of 10 minutes is consistent with the increased amount of data to analyze and increased number of power calculation formulae to choose from. There are now multiple measurements to assess the consistency of the data. In addition, anterior segment depth and lens thickness are evaluated in addition to axial length, as all of these parameters are now typically used in calculating intraocular lens power. The survey post-service time was 10 minutes. This is a realistic time given the need to discuss the multiple lens options and refractive outcomes with the patient. Many of these options were not available when the code was last surveyed. **We recommend maintaining the current WRVU of 0.54, just above the survey's 25<sup>th</sup> percentile and matching our recommended work value for 92136.** 92136 is the same type of service, but performed with partial coherence interferometry.

This value is supported by MPC code 99212 *Office or other outpatient visit for the evaluation and management of an established patient... self-limited or minor.* (RUC February 2006) with 0.48 WRVU, an IST of 10 minutes, and total time of 16 minutes, and by MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (RUC April 2009) with 0.56 WRVU, an IST of 10 minutes and total time of 18 minutes. The value is also supported by CPT code 76705, *Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)* (RUC October 2013) with 0.59 WRVU, an IST of 8 minutes and total time of 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) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmologic exam codes

	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 556957

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 544314 Percentage 97.72 %

Specialty Optometry Frequency 11362 Percentage 2.04 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 371,305 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Ophthalmology Frequency 362876 Percentage 97.72 %

Specialty Optometry Frequency 7575 Percentage 2.04 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Other

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### **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 76519

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 92136	Tracking Number	Original Specialty Recommended RVU: <b>0.54</b>
		Presented Recommended RVU: <b>0.54</b>
Global Period: XXX		RUC Recommended RVU: <b>0.54</b>

CPT Descriptor: Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 75-year-old male with a visually significant cataract in the right eye undergoes optical biometry and intraocular lens calculations.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 13%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient's chief complaint and chart. Describe the test. Review the purpose, risks and benefits of the procedure with patient and/or family. Evaluate previous testing if available. Provide target refractive error and desired possible intraocular lens implants to technician

Description of Intra-Service Work: Evaluate the quality of the study. Review the images and compare the axial length, anterior chamber depth and lens thickness between the two eyes for symmetry and correlate with preoperative refractive error. Provide a report that includes the use of the biometry measurements along with keratometry and white-to-white measurements in the calculation of intraocular lens implant power using one or more formulae.

Description of Post-Service Work: Dictate the report of the procedure for the medical record. Review and sign report. Communicate results to the patient, discussing lens options for desired post-operative refractive result. Enter an order for the intraocular lens implant.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	David B. Glasser, M.D AAO				
<b>Specialty(s):</b>	Ophthalmology				
<b>CPT Code:</b>	92136				
<b>Sample Size:</b>	1408	<b>Resp N:</b>	101	<b>Response:</b> 7.1 %	
<b>Description of Sample:</b>	A random sample of members were pulled from the AAO and ASCRS databases.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	176.00	<b>350.00</b>	600.00	2000.00
<b>Survey RVW:</b>	0.30	0.50	<b>0.75</b>	0.97	3.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	5.00	<b>10.00</b>	15.00	60.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	92136	<b>Recommended Physician Work RVU: 0.54</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	2.00	0.00	2.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	10.00			
<b>Please, pick the <u>post-service</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	10.00	0.00	10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92083	XXX	0.50	RUC Time

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg.; or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	0.97	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76536	XXX	0.56	RUC Time	760,096

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99212	XXX	0.48	RUC Time	15,861,840



CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76705	XXX	0.59	RUC Time

CPT Descriptor Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)

#### **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: 30.6 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 23      % of respondents: 22.7 %**

#### **TIME ESTIMATES (Median)**

	<b>CPT Code: <u>92136</u></b>	<b>Top Key Reference CPT Code: <u>92083</u></b>	<b>2nd Key Reference CPT Code: <u>99213</u></b>
Median Pre-Service Time	2.00	3.00	3.00
Median Intra-Service Time	10.00	10.00	15.00
Median Immediate Post-service Time	10.00	0.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>22.00</b>	<b>13.00</b>	<b>23.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES***(of those that selected Key Reference codes)**Survey respondents are rating the survey code relative to the key reference code.***Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.35	0.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.71	0.91
Urgency of medical decision making	0.48	0.52

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.68	1.04
Physical effort required	0.23	0.52

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	1.00	1.17
Outcome depends on the skill and judgment of physician	1.29	1.61
Estimated risk of malpractice suit with poor outcome	1.32	1.65

**INTENSITY/COMPLEXITY MEASURES**

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Time Segment (Mean)</u></b>		
Overall intensity/complexity	1.10	1.26

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

CPT 92136 *Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation* was identified by CMS as a high expenditure XXX procedure. It was last reviewed by the RUC in 2001.

A random survey of AAO and ASCRS members had 101 respondents, 99% of whom found the vignette typical. The median WRVU was 0.75 and the 25<sup>th</sup> percentile was 0.50. Median IST was 10 minutes. The current value of the code is 0.54 WRVU. The primary reference service, chosen by 31%, was 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination ...* (RUC April 2012) with a WRVU of 0.50 and 10 minutes IST. The second reference service, chosen by 23%, was 99213, *Office or other outpatient visit for the evaluation and management of an established patient... low to moderate severity.* (RUC February 2006) with a WRVU of 0.97 and 15 minutes IST. The low percentages likely reflect the diverse number of XXX reference codes with similar WRVU values, none of which are particularly similar to the type of work performed with 92136. The intensity and complexity metrics for the surveyed code were higher than those of the reference codes.

The expert panel of the AAO and ASCRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 10 minutes is increased from the current time of 5 minutes, while pre-service time is less and post-service time is greater. This reflects a change in technique over time. In the past, physicians typically positioned the patient and acquired the images. A technician now typically does that work. The survey pre-time for evaluation was 5 minutes. The procedure is typically done in conjunction with an office visit. We therefore reduced the pre-service time to 2 minutes to describe the test and review its purpose, risks and benefits with the patient. The increased intra-service time of 10 minutes is consistent with the increased amount of data to analyze and increased number of power calculation formulae to choose from. There are now multiple measurements to assess the consistency of the data. In addition, anterior segment depth and lens thickness are evaluated in addition to axial length, as all of these parameters are now typically used in calculating intraocular lens power. The survey post-service time was 10 minutes. This is a realistic time given the need to discuss the multiple lens options and refractive outcomes with the patient. Many of these options were not available when the code was last surveyed. **We recommend maintaining the current WRVU of 0.54, just above the survey's 25<sup>th</sup> percentile and matching our recommended work value for 76519.** 76519 is the same type of service, but performed with ultrasound.

This value is supported by MPC code 99212 *Office or other outpatient visit for the evaluation and management of an established patient... self-limited or minor.* (RUC February 2006) with 0.48 WRVU, an IST of 10 minutes, and total time of 16 minutes, and by MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (RUC April 2009) with 0.56 WRVU, an IST of 10 minutes and total time of 18 minutes. The value is also supported by CPT code 76705, *Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)* (RUC October 2013) with 0.59 WRVU, an IST of 8 minutes and total time of 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) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmologic exam codes

	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2183562

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 2139672 Percentage 97.98 %

Specialty Optometry Frequency 41488 Percentage 1.90 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,455,708 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 1426448 Percentage 97.98 %

Specialty Optometry Frequency 27659 Percentage 1.90 %

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:  
NA

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**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 92136

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

## SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN			
13	ISSUE: Ophthalmic Biometry																																										
14	TAB: 36																																										
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					FAC-obs			Office					Prolonged									
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57			
17	1st REF	92083	Visual field, extended		0.043			0.50			13	3					10																										
18	2nd REF	92025	Computerized corneal topography, unilateral or		0.020			0.35			17	5					12																										
19	CURRENT	76516	Ophthalmic biometry by ultrasound echography, A-		0.032			0.54			17						17																										
20	SVY	76516	Ophthalmic biometry by ultrasound echography, A-	86	0.030	0.25	0.40	0.55	0.79	2.50	21	5			1	5	10	10	60	6																							
21	REC	76516	Ophthalmic biometry by ultrasound echography, A-		0.031	0.40					14	2					10			2																							
22																																											
23																																											
24						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					FAC-obs			Office					Prolonged									
25	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			
26	1st REF	92083	Visual Field, extended		0.043			0.50			13	3					10																										
27	2nd REF	99213	Office or other outpatient visit for the evaluation and		0.053			0.97			23	3					15			5																							
28	CURRENT	76519	Ophthalmic biometry by ultrasound echography, A-		0.054			0.54			17	5	7				5																										
29	SVY	76519	Ophthalmic biometry by ultrasound echography, A-	99	0.036	0.30	0.51	0.70	0.90	3.00	25	5			1	5	10	15	60	10																							
30	REC	76519	Ophthalmic biometry by ultrasound echography, A-		0.027	0.54					22	2					10			10																							
31																																											
32																																											
33						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					FAC-obs			Office					Prolonged									
34	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			
35	1st REF	92083	Visual Field, extended		0.043			0.50			13	3					10																										
36	2nd REF	99213	Office or other outpatient visit for the evaluation and		0.053			0.97			23	3					15			5																							
37	CURRENT	92136	Ophthalmic biometry by partial coherence interferometry with		0.054			0.54			17	5	7				5																										
38	SVY	92136	Ophthalmic biometry by partial coherence interferometry with	101	0.041	0.30	0.50	0.75	0.97	3.00	25	5			1	5	10	15	60	10																							
39	REC	92136	Ophthalmic biometry by partial coherence interferometry with		0.027	0.54					22	2					10			10																							

Tab 36  
Tab Number

Ophthalmic Biometry  
Issue

92136, 76516, 76519  
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

April 5, 2016  
Date

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor: Ophthalmic biometry by ultrasound echography, A-scan;

Global Period: 000 Meeting Date: April, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we used many other physicians who have the appropriate expertise and their technicians for this code. 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:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Please see below.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Although this code is typically done in conjunction with an office visit, there is still a significant component of pre-service labor that occurs in addition to standard office visits. Time is required to escort patient from the exam lane into the room with the ophthalmic ultrasound, to calibrate the machine in its separate room, and to provide pre-service education and consent. In addition to these activities, time is taken to position the patient properly at the ophthalmic ultrasound, prior to measurements being performed.

- Greet patient, provide gowning, ensure appropriate medical records are available: **3 min**
  - This time is spent with the technician greeting the patient, reviewing the patient records including ocular diagnosis, laterality, surgical plan, and then transporting the patient from the room where the E&M service was performed to the room where the ophthalmic ultrasound is housed.
- Provide pre-service education/obtain consent: **2 min**
  - The patient is informed of this procedure and educated regarding the proper fixation, positioning, and performance in order to obtain accurate readings. This education occurs in the room that houses the ultrasound.
- Prepare room, equipment, supplies: **2 min**
  - This time is spent preparing the new room where the ophthalmic ultrasound is housed, and entering patient demographic information into the ultrasound machine, setting it to immersion mode, and preparing the scleral shell and coupling solution (typically saline).



- Other Clinical Activity - specify: Calibrate ophthalmic ultrasound machine: **2 min**
  - This time is spent prior to bringing the patient to the room, in order to ensure that the ophthalmic ultrasound is appropriately calibrated to accurately obtain the axial length of the patient's eye.
- Prepare and position patient/ monitor patient: **2 min**
  - This time is spent positioning the patient in the chair for the ophthalmic ultrasound. The patient is placed in a supine position, looking up at the ceiling, elevated so the technician can perform the test.

Intra-Service Clinical Labor Activities: **14 min**

- Axial length
  - The technician places a drop of tetracaine into the patient's eye.
  - The technician sets the ophthalmic ultrasound to the axial length/a-scan setting.
  - The patient is then told to look upwards, and the technician fits the ultrasonic scleral shell into the lower fornix. The upper lid is then elevated as the patient looks straight ahead, and the shell is positioned between both eyelids, centered over the cornea. If the shell does not sit in place, this step is repeated until the shell is resting on the eye. This shell prevents the patient from blinking, and provides a reservoir for coupling fluid and lifts the ultrasonic probe off the eye so that the measurements are not falsely affected by indenting the cornea.
  - The ultrasonic probe is then inserted into the scleral shell, and the shell is filled with coupling fluid. The technician checks to ensure that an adequate seal is obtained between the shell and the eye surface, and that no coupling fluid is leaking. It is common for the patient to squeeze the shell out of the palpebral fissure, and for fluid to spill. The shell is simply repositioned, and refilled repeatedly until the patient is capable of relaxing to leave the shell in place. When an adequate seal is obtained, the technician then aligns the ultrasonic probe with the patient's pupil. The patient is instructed to fixate on a red light emitted from the ultrasonic probe, which then allows the technician to align the probe with the patient's visual axis.
  - The technician then engages the ultrasound. While the ultrasound is scanning, the technician ensures that fixation is maintained and that the probe is directed at the fovea. The technician looks to ensure that the spikes representing the cornea, anterior lens capsule, posterior lens capsule, retina and sclera are all steeply rising and of maximum height.
  - When the alignment is correct and the ultrasonic spikes appear reliable, the measurement is recorded. This step is repeated at least five times to ensure repeatability and reliability of the measurements.
  - Following accurate measurement of one eye, typically the technician proceeds to perform all of the above-listed steps for the fellow eye, even if the patient is only planning on undergoing cataract surgery in one eye. This is because the fellow eye provides a built-in control variable by which to judge the accuracy of the measurements for the eye in question.
  - Following acquisition of the axial length, the patient's shell is removed and the coupling fluid is cleaned from the eye. The patient is then returned from the supine position.
  - The patient is then escorted from the room.

Post-Service Clinical Labor Activities:

- Cleanup: **3 min**
  - The room and instrument is then cleaned and closed.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

Global Period: 000 Meeting Date: April, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we used many other physicians who have the appropriate expertise and their technicians for this code. 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: Please see below.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Although this code is typically done in conjunction with an office visit, there is still a significant component of pre-service labor that occurs in addition to standard office visits. Time is required to escort patient from the exam lane into the room with the ophthalmic ultrasound, to calibrate the machine in its separate room, and to provide pre-service education and consent. In addition to these activities, time is taken to position the patient properly at the ophthalmic ultrasound, prior to measurements being performed.

- Greet patient, provide gowning, ensure appropriate medical records are available: **3 min**
  - This time is spent with the technician greeting the patient, reviewing the patient records including ocular diagnosis, laterality, surgical plan, and then transporting the patient from the room where the E&M service was performed to the room where the ophthalmic ultrasound is housed.
- Provide pre-service education/obtain consent: **2 min**
  - The patient is informed of this procedure and educated regarding the proper fixation, positioning, and performance in order to obtain accurate readings. This education occurs in the room that houses the ultrasound.
- Prepare room, equipment, supplies: **2 min**

- This time is spent preparing the new room where the ophthalmic ultrasound is housed, and entering patient demographic information into the ultrasound machine, setting it to immersion mode, and preparing the scleral shell and coupling solution (typically saline).
- Other Clinical Activity - specify: calibrate optical biometer or ultrasound machine: **2 min**
  - This time is spent prior to bringing the patient to the room, in order to ensure that the ophthalmic ultrasound is appropriately calibrated to accurately obtain the axial length of the patient's eye.
- Prepare and position patient/ monitor patient: **2 min**
  - This time is spent positioning the patient in the chair for the ophthalmic ultrasound. The patient is placed in a supine position, looking up at the ceiling, elevated so the technician can perform the test.

#### Intra-Service Clinical Labor Activities: 24 min

- Axial length
  - The technician places a drop of tetracaine into the patient's eye.
  - The technician sets the ophthalmic ultrasound to the axial length/a-scan setting.
  - The patient is then told to look upwards, and the technician fits the ultrasonic scleral shell into the lower fornix. The upper lid is then elevated as the patient looks straight ahead, and the shell is positioned between both eyelids, centered over the cornea. If the shell does not sit in place, this step is repeated until the shell is resting on the eye. This shell prevents the patient from blinking, and provides a reservoir for coupling fluid and lifts the ultrasonic probe off the eye so that the measurements are not falsely affected by indenting the cornea.
  - The ultrasonic probe is then inserted into the scleral shell, and the shell is filled with coupling fluid. The technician checks to ensure that an adequate seal is obtained between the shell and the eye surface, and that no coupling fluid is leaking. It is common for the patient to squeeze the shell out of the palpebral fissure, and for fluid to spill. The shell is simply repositioned, and refilled repeatedly until the patient is capable of relaxing to leave the shell in place. When an adequate seal is obtained, the technician then aligns the ultrasonic probe with the patient's pupil. The patient is instructed to fixate on a red light emitted from the ultrasonic probe, which then allows the technician to align the probe with the patient's visual axis.
  - The technician then engages the ultrasound. While the ultrasound is scanning, the technician ensures that fixation is maintained and that the probe is directed at the fovea. The technician looks to ensure that the spikes representing the cornea, anterior lens capsule, posterior lens capsule, retina and sclera are all steeply rising and of maximum height.
  - When the alignment is correct and the ultrasonic spikes appear reliable, the measurement is recorded. This step is repeated at least five times to ensure repeatability and reliability of the measurements.
  - Following accurate measurement of one eye, typically the technician proceeds to perform all of the above-listed steps for the fellow eye, even if the patient is only planning on undergoing cataract surgery in one eye. This is because the fellow eye provides a built-in control variable by which to judge the accuracy of the measurements for the eye in question.
  - Following acquisition of the axial length, the patient's shell is removed and the coupling fluid is cleaned from the eye. The patient is then returned from the supine position.
- Keratometry
  - Prior to the patient undergoing axial length measurements, the patient undergoes keratometry readings. The patient is positioned at the keratometer, which is turned on after adjusting the height of the chair to fit the patient into the keratometer well. The keratometer alignment is adjusted to grossly align on the pupillary center. The patient then blinks several times and then is asked to maintain fixation while the technician further refines the keratometry alignment. To do so, the technician must adjust the vertical, horizontal, and axial positions of the keratometer to place it in focus on the corneal surface. Keratometry readings are then performed, adjusting the horizontal and vertical measuring dials and spinning the keratometer to the correct axis. If the technician is successful, the patient sits back and the technician

documents the keratometric readings for the eye's horizontal and vertical power and axes. If keratometric readings are not successful, the patient closes his or her eyes, or lubricating drops are placed to restore tear lake for optimal readings. As tear lakes easily become unstable with prolonged eye opening, keratometry readings can vary substantially in the same patient, introducing significant error into the lens calculation. Thus, multiple keratometry readings may be performed to ensure accuracy and stability.

- IOL Calculation
  - Following keratometry and axial length measurements of the eyes, the technician moves to the intraocular lens (IOL) calculation steps.
  - The technician changes the ultrasound machine to the IOL calculation screen. Then they input the keratometry readings. They select the physician's preferred IOL brands (for which constants are previously programmed in) for primary, secondary and/or tertiary choices of lens options. They then input the preferred biometric equations based on the doctor's preferences and the patient's axial length measurements. After making these inputs, the technician runs calculations. These provide a list of IOL choice options which are then printed for review, evaluation, and selection by the physician.
  - The patient is then escorted from the room.

Post-Service Clinical Labor Activities:

- Clean up: **3 min**
  - The room and instrument is then cleaned and closed.

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

Global Period: 000 Meeting Date: April, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we used many other physicians who have the appropriate expertise and their technicians for this code. 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: Please see below.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **N/A**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Although this code is typically done in conjunction with an office visit, there is still a significant component of pre-service labor that occurs in addition to standard office visits. For instance, since the last time this code was surveyed, the typical location of the optical biometer is now no longer in the exam lane. It is now typically housed in a separate room with eye imaging modalities. Hence, time is taken to escort patient from the exam lane into the room with the optical biometer, to calibrate the machine in its separate room, and to provide pre-service education and consent. In addition to these activities, time is taken to position the patient properly at the optical biometer for measurements to be performed.

- Greet patient, provide gowning, ensure appropriate medical records are available: **3 min**
  - This time is spent with the technician greeting the patient, reviewing the patient records including ocular diagnosis, laterality, surgical plan, and then transporting the patient from the room where the E&M service was performed to the room where the optical biometer is housed.
- Provide pre-service education/obtain consent: **2 min**
  - The patient is informed of the procedure and consent is obtained. Instructions regarding This process takes more than the standard amount allotted to an E&M code.

- Prepare room, equipment, supplies: **2 min**
  - This time is spent preparing the new room where the optical biometer is housed, and entering patient demographic information into the biometer
- Other Clinical Activity - specify: calibrate optical biometer or ultrasound machine: **2 min**
  - This time is spent prior to bringing the patient to the room, in order to ensure that the optical biometer is appropriately calibrated to accurately obtain the axial length, keratometry readings, anterior chamber depth, and white-to-white distance of the patient's eye.
- Prepare and position patient/ monitor patient: **2 min**
  - This time is spent positioning the patient at the optical biometer, adjusting the table to the patient's height and adjusting the chin rest to align the patient's eyes with the lens of the biometer.

Intra-Service Clinical Labor Activities: **15 min**

- Axial length
  - The technician sets the optical biometer to the axial length setting and aligns the lens of the biometer with the patient's pupil. The patient is instructed to fixate on a target, which then allows the technician to align the biometer with the patient's visual axis. The technician locks the subsequent reading as the anterior aspect of the cornea.
  - The technician then instructs the patient to avoid blinking during the acquisition of axial length measurements with the biometer. The patient blinks to restore corneal clarity after each axial length measurement is performed. Depending on the clarity of the signal through the patient's tear lake, cornea, cataract, and vitreous, between five and twenty axial length readings are performed.
- Keratometry
  - Following acquisition of the axial length, the patient closes their eyes while the technician changes the setting to keratometry readings. The patient is again asked to fixate at a target, open eyes widely, and avoid blinking. The technician focuses the biometer on the corneal surface, and keratometry readings are performed. The patient then closes his or her eyes to restore tear lake for optimal readings. As tear lakes easily become unstable with prolonged eye opening, keratometry readings can vary substantially in the same patient, introducing significant error into the lens calculation. Thus, multiple keratometry readings are typically performed to ensure accuracy and stability. If the technician is unsatisfied with the accuracy or stability of the keratometry readings, lubricating drops are placed, the eyes are closed for a period of time, the patient re-positioned, and keratometry readings repeated.
- Anterior Chamber Depth
  - The patient again closes their eyes while the technician changes the biometer to the anterior chamber depth setting. The patient again is asked to fixate at a target and avoid blinking. A slit beam is shined at an angle on the patient's eye. The technician aligns perkinje reflexes to be in focus between the beam on the cornea and the beam on the iris. The reflexes are brought into focus, and the measurement of the anterior chamber depth is taken.
- White-to-White Distance
  - The patient again closes their eyes while the technician changes the biometer to the white-to-white distance setting. The patient opens and fixates on the target while the technician aligns the biometer into focus again, and then performs the measurement. If the superimposed outline of the white to white does not match the patient's actual white to white distance, this step is repeated until accurate.

- Fellow Eye
  - Following accurate measurement of one eye, typically the technician proceeds to perform all of the above-listed steps for the fellow eye, even if the patient is only planning on undergoing cataract surgery in one eye. This is because the fellow eye provides a built-in control variable by which to judge the accuracy of the measurements for the eye in question.
- IOL Calculation
  - Following measurement of the eyes, the patient relaxes away from the machine while the technician moves to the intraocular lens (IOL) calculation steps.
  - The technician changes the biometer to the IOL calculation screen. Then they input the physician's preferred IOL brands (for which constants are previously programmed in) for primary choice and secondary and/or tertiary choices of lens options. They then input the preferred biometric equations based on the doctor's preferences and the patient's axial length measurements. If the axial length is excessively long, the technician calculates an adjusted axial length to improve accuracy of IOL choice. After making these inputs and adjustments, the technician runs calculations. These provide IOL choice options which are then printed for review, evaluation, and selection by the physician.
  - The patient is then escorted from the room.

Post-Service Clinical Labor Activities:

- Clean up: **3 min**
  - The room and instrument is then cleaned and closed.

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			92136		92136		76519		76519	
3	Meeting Date: 04/2016 Tab: 36; Ophthalmic Biometry Specialty: Ophthalmology	CMS Code	Staff Type	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation		Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation		Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation		Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD										
6	TOTAL CLINICAL LABOR TIME			41.0	0.0	20.0	0.0	37.0	0.0	35.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			41.0	0.0	20.0	0.0	32.0	0.0	35.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE										
11	Start: Following visit when decision for surgery or procedure made										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/CST					5			
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 protocolled 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	L038A	COMT/COT/RN	3		1		3		1	
24	Obtain vital signs										
25	Provide pre-service education/obtain consent	L038A	COMT/COT/RN	2		2		2		2	
26	Prepare room, equipment, supplies	L038A	COMT/COT/RN	2		2		2		2	
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV	L038A	COMT/COT/RN	2		2		2		2	
29	Sedate/apply anesthesia										
30	Other Clinical Activity - specify: calibrate ophthalmic biometry machine	L038A	COMT/COT/RN	2		0		2		0	
31	Intra-service										
32	Perform test	L038A	COMT/COT/RN	30		10		21		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	L038A	COMT/COT/RN/CST			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		n/a		n/a	



	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			92136		92136		76519		76519	
3	Meeting Date: 04/2016 Tab: 36; Ophthalmic Biometry Specialty: Ophthalmology	CMS Code	Staff Type	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation		Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation		Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation		Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD										
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
49	End: Patient leaves office										
50	POST-SERVICE Period										
51	Start: Patient leaves office/facility										
52	Conduct phone calls/call in prescriptions										
53	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits			# visits	# visits
54	99211 16 minutes		16								
55	99212 27 minutes		27								
56	99213 36 minutes		36								
57	99214 53 minutes		53								
58	99215 63 minutes		63								
59	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
60	Other Clinical Activity - specify:										
61	End: with last office visit before end of global period										
62	MEDICAL SUPPLIES* CODE UNIT										
63	pack, ophthalmology visit (no dilation)	SA050	pack	1				1			
64	Goniosol 2.5% ophth	SH037	mL	15				7		5	
65	film, instant (Polaroid) (per exposure)	SK029	item	2							
66	film, type 667 Polaroid (per exposure)	SK032	item					10			
67	scleral shell tubing kit	(NEW)	item							1	
68											
69	EQUIPMENT CODE										
70	optical biometer (IOLMaster)	EQ188		41		20					
71	ultrasonic biometry, A-scan	EQ245						32		35	
72	lane, screening (oph)	EL006						32			
73	lane, exam (oph)	EL005		41							
74	chair with headrest, exam, reclining	EF008				20				35	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
**\*CMS High Expenditure Procedures\***

April 2016

**Radiation Therapy Planning**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 77263 was identified by this criteria and CPT code 77261 and 77262 were added as part of the family of services.

***77261 Therapeutic radiology treatment planning; simple***

The RUC reviewed the survey results from 143 practicing radiation oncologists and recommend the following physician time components: pre-service time of 3 minutes, intra-service time of 30 minutes and immediate post-service time of 3 minutes.

The RUC reviewed the survey respondents' estimated physician work RVUs and agreed that the survey's 25<sup>th</sup> percentile work RVU of 1.30, lower than the current work RVU of 1.39, is appropriate. To justify a work RVU of 1.30, the RUC compared the surveyed code to the top key reference service CPT code 77306 *Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)* (work RVU= 1.40, intra time= 30 minutes) and agreed that while the two services have comparable physician work, the reference code has more intra-service time and should be valued higher. The RUC also reviewed CPT codes 77334 *Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)* (work RVU= 1.24, intra time= 35 minutes) and 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* (work RVU= 1.40, intra time= 35 minutes) and agreed both services offer reasonable comparisons to the recommended value.

Finally, the RUC discussed the current CMS/Other physician time. This service was originally assigned a work value and times by CMS over 20 years ago using some unknown methodology, making it inappropriate to compare changes in total time. In addition to the existing times having been assigned using a flawed methodology, the RUC noted that only existing total time was assigned, making it not possible to compare changes in intra-service time. Accounting for appropriate time allocation, the intensity has not meaningfully changed. **The RUC recommends a work RVU of 1.30 for CPT code 77261.**

### **77262 Therapeutic radiology treatment planning; intermediate**

The RUC reviewed the survey results from 144 practicing radiation oncologists and recommend the following physician time components: pre-service time of 3 minutes, intra-service time of 45 minutes and immediate post-service time of 6 minutes.

The RUC reviewed the survey respondents' estimated physician work RVUs and agreed that the survey's 25<sup>th</sup> percentile work RVU of 2.00, lower than the current work RVU of 2.11, is appropriate. To justify a work RVU of 2.00, the RUC compared the surveyed code to the top two key reference services CPT codes 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)* (work RVU= 1.83, intra time= 50 minutes) and 77307 *Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)* (work RVU= 2.90, intra time= 80 minutes) and agreed that both these reference codes provide appropriate brackets around the recommended value. The RUC also reviewed CPT code 77770 *Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel* (work RVU= 1.95, intra time= 45 minutes) and agreed that both services have comparable physician time and work and should be valued similarly.

Finally, the RUC discussed the current CMS/Other physician time. This service was originally assigned a work value and times by CMS over 20 years ago using some unknown methodology, making it inappropriate to compare changes in total time. In addition to the existing times having been assigned using a flawed methodology, the RUC noted that only existing total time was assigned, making it not possible to compare changes in intra-service time. Accounting for appropriate time allocation, the intensity has not meaningfully changed. **The RUC recommends a work RVU of 2.00 for CPT code 77262.**

### **77263 Therapeutic radiology treatment planning; complex**

The RUC reviewed the survey results from 146 practicing radiation oncologists and recommend the following physician time components: pre-service time of 7 minutes, intra-service time of 60 minutes and immediate post-service time of 15 minutes.

The RUC reviewed the survey respondents' estimated physician work RVUs and agreed that the current work RVU of 3.14, lower than the survey's 25<sup>th</sup> percentile value, is appropriate. To justify a work RVU of 3.14, the RUC compared the surveyed code to the second key reference service 77307 *Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)* (work RVU= 2.90, intra time= 80 minutes) and agreed that while both services have analogous physician work, with similar total time, surveyed code is more intense procedure and is correctly valued higher. In addition, the RUC reviewed several recently RUC reviewed services with identical intra-service time to validate the recommended work value across a broad spectrum of services: CPT code 38241 *Hematopoietic progenitor cell (HPC); autologous transplantation* (work RVU= 3.00), 90792 *Psychiatric diagnostic evaluation with medical services* (work RVU= 3.25) and 94012 *Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age* (work RVU= 3.10).

Finally, the RUC discussed whether it is possible to compare changes in intra-service time. Unlike the other codes in this family, this service was RUC reviewed in 2005. However, the survey only collected total time and thus does not have appropriate breakouts for pre- and post-service time. Accounting for appropriate time allocation, the intensity has not meaningfully changed. **The RUC recommends a work RVU of 3.14 for CPT code 77263.**

**Practice Expense:**

There are no direct practice expense inputs for these services. These services represent physician work only.

**Work Neutrality**

The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
77261 (f)	Therapeutic radiology treatment planning; simple	XXX	1.30
77262 (f)	Therapeutic radiology treatment planning; intermediate	XXX	2.00
77263	Therapeutic radiology treatment planning; complex	XXX	3.14 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 77261      Tracking Number

Original Specialty Recommended RVU: **1.30**Presented Recommended RVU: **1.30**

Global Period: XXX

RUC Recommended RVU: **1.30**

CPT Descriptor: Therapeutic radiology treatment planning; simple

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: Patient with pain in the right femur from bone metastases presents for clinical treatment planning.

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 physician decides if additional tests and/or imaging (e.g. nuclear bone, CT, MR, or PET/CT scans) are needed to better evaluate the tumor extent and the necessary treatment volume to achieve the goals of the treatment (e.g. pain control, minimize fracture risk, local control).

Description of Intra-Service Work: The physician synthesizes the findings from the patient history, physical exam, relevant medical issues (e.g. osteoarthritis, artificial hips, inflammatory bowel disease, previous radiation therapy in regard to tissue tolerance and/or recall reactions), and available imaging to develop an appropriate treatment plan reflecting the extent of disease, the patient's clinical scenario, and logistical considerations such as pain control and transportation.

The physician determines the appropriate treatment modality, goals of treatment, tumor coverage and protection of collateral organs and tissues at risk. The physician considers adjuvant or alternative treatment strategies (e.g. surgical pinning prior to radiation).

The physician determines the area to be treated based upon the tumor's location and extent of gross and subclinical disease, correlating with the site and distribution of the patient's pain.

The physician considers the radiobiological consequence of the total radiation dose needed to meet the goals of therapy, the daily dose delivered, and the number of fractions to be delivered. The physician will consider alternative dose fractionation regimens and the biologic consequences of normal tissue tolerances for adjacent organs at risk (e.g. skin, muscle, bone, bowel, and bladder) as well as the patient's overall prognosis and ability to travel for treatment.

The physician decides on the most appropriate position for simulation, the kind of patient preparation needed for treatment and immobilization appropriate for the patient's clinical scenario, reflecting on the extent of the patient's tumor, symptomatology, adjacent organs, and body habitus with the intent to displace normal tissue out of the area to be treated yet have a reliably reproducible setup and minimize systematic and random errors.

The physician reaffirms the palliative intent of treatment and obtains informed consent from the patient after reviewing the details of the planned course of therapy, possible side effects, and potential complications.

Description of Post-Service Work: The physician verifies and documents the treatment planning parameters as well as the intent of treatment and dictates a note in the clinical chart. The physician documents the intended plan directives (e.g. treatment site, laterality, type of radiation treatment to be employed, beam energy(s), radiation fractionation schedule, total radiation dose, etc.).

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Michael Kuettel, MD, PhD and Peter Orio, III, DO				
<b>Specialty(s):</b>	Radiation Oncology				
<b>CPT Code:</b>	77261				
<b>Sample Size:</b>	3992	<b>Resp N:</b>	143	<b>Response:</b>	3.5 %
<b>Description of Sample:</b>	Survey was sent to all USA, MD/DO Active Members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	10.00	<b>16.00</b>	30.00	110.00
<b>Survey RVW:</b>	0.48	1.30	<b>1.45</b>	1.50	5.50
<b>Pre-Service Evaluation Time:</b>			<b>10.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	5.00	20.00	<b>30.00</b>	40.00	180.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	77261	<b>Recommended Physician Work RVU: 1.30</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	3.00	0.00	3.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	30.00			
<b>Please, pick the <u>post-service</u> 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)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	3.00	0.00	3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
77290	XXX	1.56	RUC Time

CPT Descriptor Therapeutic radiology simulation-aided field setting; complex

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95819	XXX	0.00	RUC Time	255,217

CPT Descriptor 1 Electroencephalogram (EEG); including recording awake and asleep

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74170	XXX	1.40	RUC Time	108,543

CPT Descriptor 2 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 69      % of respondents: 48.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 13      % of respondents: 9.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>77261</u></b>	<b>Top Key Reference CPT Code: <u>77306</u></b>	<b>2nd Key Reference CPT Code: <u>77290</u></b>
Median Pre-Service Time	3.00	3.00	7.00
Median Intra-Service Time	30.00	40.00	60.00
Median Immediate Post-service Time	3.00	3.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>36.00</b>	<b>46.00</b>	<b>77.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.10	0.23
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.16	0.31
Urgency of medical decision making	0.06	0.31

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.04	0.08
Physical effort required	-0.04	-0.08

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.04	0.31
Outcome depends on the skill and judgment of physician	0.12	0.15
Estimated risk of malpractice suit with poor outcome	-0.03	0.31

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.12	0.08
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT Code 77263 *Therapeutic radiology treatment planning; complex* was identified in this screen. ASTRO identified 77261 *Therapeutic radiology treatment planning; simple* and 77262 *Therapeutic radiology treatment planning; intermediate* as part of the family.

Clinical treatment planning codes (CPT codes 77261-77263) are a professional charge only, describing physician work to integrate the patient's overall medical condition and extent of disease, and to formulate a plan of therapy for the patient. A clinical treatment planning code may only be billed once for the entire course of treatment. Documentation for clinical treatment planning includes a written note or individualized form signed and dated by the physician that includes diagnosis, treatment site, the target anatomical structures (e.g., primary and regional lymph nodes or primary site only), identification of any organs at risk in or adjacent to the treatment fields, intent of treatment, special tests interpreted, modality and interaction with chemotherapy and technique contemplated (e.g., conventional, three-dimensional, IMRT, SRS, SBRT or brachytherapy).

The Research Subcommittee reviewed and approved our vignettes for 77261-77263.

ASTRO conducted a survey, with a 3992 sample size, and collected 143 random surveys. ASTRO convened a panel that included a number of experts familiar with this service to evaluate the RUC survey data. ASTRO recommends the 25<sup>th</sup> percentile RVU of 1.30 for CPT 77261.

Our rationale for this recommendation is based on multiple factors described below.

Vignette

For CPT 77261, the RUC database currently has ICD-9 code 173 “other malignant neoplasms of the skin,” as the most dominant ICD9 code, comprising 42.9% of claims in 2014. However, there were changes in the introductory language for the “Radiation Treatment Delivery” codes, beginning in 2015, that specifically precludes the reporting of clinical treatment planning codes (such as 77261) for *CPT 77401, Radiation treatment delivery, superficial or orthovoltage*. This will significantly reduce the number of claims for ICD-9 code 173 for 77261 going forward. As such, we proposed a vignette with the second most common ICD9 code, 198 “other secondary malignant neoplasm”. This ICD-9 code comprised 24.8% of claims for CPT 77261 in 2014. In addition, the top diagnosis code in 2012 was ICD-9 code 198, “other secondary malignant neoplasms” (34%), as well as in 2011 (34.7%). We concluded that the typical patient for the 77261 survey is a patient with a painful bone metastasis in the femur and presented this to the Research Subcommittee, which was approved. 95% of the survey respondents found this vignette to be typical.

Time

CPT Code 77261 has an XXX global period, so there is no standard pre or post service package.

We are recommending 3 minutes of pre time and 3 minutes of post time. Our current surveyed total time was 50 minutes (10, 30, 10). ASTRO is recommending the median survey time for intra (30), which results in a total of 36 minutes (3, 30, 3). We note that our recommended time is lower than the existing time of 43 minutes (CMS/Other), which is why we are recommending the 25<sup>th</sup> percentile, which is lower than the existing work RVUs.

IWPUT

The surveyed CPT code 77261 will have an IWPUT of 0.039. If you were to calculate the existing IWPUT for 43 minutes of total time and the existing 1.39 RVUs, it would be 0.032, which is very similar to the new IWPUT. The IWPUT relationship within the surveyed family of codes maintains rank order, as well as with the reference codes.

CPT	IWPUT
77261	0.039
1 <sup>st</sup> Ref 77306	0.032
77262	0.040
1 <sup>st</sup> Ref 77317	0.034
77263	0.044
1 <sup>st</sup> Ref 77295	0.042

Billed Together

Clinical Treatment Planning occurs after the initial consultation process, and can only be billed once throughout the entire course of care. No other codes are typically reported on the same day of service. The “Medicare Same Day EM Billing Occurrences” file illustrates that an E/M is reported on the same day 18% of the time. In this case, the consultation is completed prior to initiating the clinical treatment planning process.

Comparison to the Key Reference Services

The key reference service code was CPT 77306, Teletherapy isodose plan; simple. This key reference code was most often selected (48.2%) by the survey respondents. This code has a total time of 46 minute (3, 40, 3), an IWPUT of 0.032, and a wRVU of 1.40. The second key reference code 77290, Therapeutic radiology simulation-aided field setting; complex was selected by 9.0%, with a total time of 77 minutes (7,60,10), an IWPUT of 0.020, and a wRVU of 1.56. Both codes have similarities, and are well understood by membership. We believe that

these two reference codes were an appropriate selection by our survey respondents and fits nicely with our survey data.

### Relativity

Our recommendation will maintain relativity compared to the reference codes, the other two treatment planning codes, and codes within the radiation oncology family. Therapeutic treatment planning; simple has an RVU of 1.30. Therapeutic treatment planning; intermediate has an RVU of 2.00. Therapeutic treatment planning; complex (with a wRVU of 3.14) takes into account the added complexity, time and effort, and correlates nicely with the other two treatment planning codes.

		Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWPUT
95819 MPC	<i>Electroencephalogram (EEG); including recording awake and asleep</i>	1.08	5	15	6	26	0.056
<b>77261 Surveyed</b>	<b><i>Therapeutic radiology treatment planning; simple</i></b>	<b>1.30</b>	<b>3</b>	<b>30</b>	<b>3</b>	<b>36</b>	<b>0.039</b>
74170 MPC	<i>CT, abdomen; without contrast material, followed by contrast material(s) and further sections</i>	1.40	5	18	5	28	0.065
77306 RefCode	<i>Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)</i>	1.40	3	40	3	46	0.032
77290 RefCode	<i>Therapeutic radiology simulation-aided field setting; complex</i>	1.56	7	60	10	77	0.020
77317 RefCode	<i>Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)</i>	1.83	3	50	3	56	0.034
<b>77262 Surveyed</b>	<b><i>Therapeutic radiology treatment planning; intermediate</i></b>	<b>2.00</b>	<b>3</b>	<b>45</b>	<b>6</b>	<b>54</b>	<b>0.040</b>
99204 MPC	<i>Office/outpatient visit new</i>	2.43	5	30	10	45	0.070
77307 RefCode	<i>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)</i>	2.90	3	80	3	86	0.035
<b>77263 Surveyed</b>	<b><i>Therapeutic radiology treatment planning; complex</i></b>	<b>3.14</b>	<b>7</b>	<b>60</b>	<b>15</b>	<b>82</b>	<b>0.044</b>
99205 MPC	<i>Office/outpatient visit new</i>	3.17	7	45	15	67	0.060
77295 RefCode	<i>3-dimensional radiotherapy plan, including dose-volume histograms</i>	4.29	7	90	15	112	0.042

### Recommendation

We are recommending the surveyed 25<sup>th</sup> % wRVU of 1.30. Pre service: 3 minutes, median intra time of 30 minutes, and post service time of 3 minutes, for a total time of 36 minutes. The expert panel believes that our survey supports our recommendation.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 77261

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Radiation Oncology	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

14,483 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database reports 14,483 as the current Medicare utilization.

Specialty Radiation Oncology	Frequency 8303	Percentage 57.32 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Oncology

BETOS Sub-classification Level II:

Radiation Therapy

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**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 77261

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: 77262	Tracking Number	Original Specialty Recommended RVU: <b>2.00</b>
		Presented Recommended RVU: <b>2.00</b>
Global Period: XXX		RUC Recommended RVU: <b>2.00</b>
CPT Descriptor: Therapeutic radiology treatment planning; intermediate		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: Patient with multiple bone metastases with pain in the hip and shoulder presents for clinical treatment planning.

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 physician decides if additional tests and/or imaging (e.g. nuclear bone, CT, MR, or PET/CT scans) are needed to better evaluate the tumor extent and the necessary treatment volume to achieve the goals of the treatment (e.g. pain control, minimize fracture risk, local control).

Description of Intra-Service Work: The physician synthesizes the findings from the patient history, physical exam, relevant medical issues (e.g. osteoarthritis, artificial hips, inflammatory bowel disease, previous radiation therapy in regard to tissue tolerance and/or recall reactions), and available imaging to develop an appropriate treatment plan reflecting the extent of disease, the patient's clinical scenario, and logistical considerations such as pain control and transportation.

The physician determines the appropriate treatment modality, goals of treatment, tumor coverage and protection of collateral organs and tissues at risk. The physician considers adjuvant or alternative treatment strategies (e.g. surgical pinning prior to radiation).

The physician determines the area to be treated based upon the tumor's location and extent of gross and subclinical disease, correlating with the site and distribution of the patient's pain.

The physician considers the radiobiological consequence of multi-site treatment to include the total radiation dose needed to meet the goals of therapy, the daily dose delivered, and the number of fractions to be delivered. The physician will consider alternative dose fractionation regimens and the biologic consequences of normal tissue tolerances for adjacent organs at risk (e.g. skin, muscle, bone, bowel, and bladder) as well as the patient's overall prognosis and ability to travel for treatment. The physician will carefully consider the potential radiobiological consequence and therapeutic benefit of

providing multiple sites of palliative radiation (e.g. integral dose, the total dose deposited throughout the entire volume of the patient) with careful consideration to patient safety and radiation tolerance.

The physician decides on the most appropriate position for simulation, the kind of patient preparation needed for treatment and immobilization appropriate for the patient's clinical scenario, reflecting on the extent of the patient's tumor, symptomatology, adjacent organs, and body habitus with the intent to displace normal tissue out of the area to be treated yet have a reliably reproducible setup and minimize systematic and random errors. Given the different anatomic locations of the two treatment sites, there will be differences in patient positioning, reproducibility and immobilization which needs to be carefully considered.

The physician reaffirms the palliative intent of treatment and obtains informed consent from the patient after reviewing the details of the planned course of therapy, possible side effects, and potential complications.

Description of Post-Service Work: The physician verifies and documents the treatment planning parameters as well as the intent of treatment and dictates a note in the clinical chart. The physician documents the intended plan directives for all sites of radiation (e.g. treatment site, laterality, type of radiation treatment to be employed, beam energy(s), radiation fractionation schedule, total radiation dose, etc).



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Michael Kuettel, MD, PhD and Peter Orio, III, DO				
<b>Specialty(s):</b>	Radiation Oncology				
<b>CPT Code:</b>	77262				
<b>Sample Size:</b>	3992	<b>Resp N:</b>	144	<b>Response:</b>	3.6 %
<b>Description of Sample:</b>	Survey was sent to all USA, MD/DO Active Members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	15.00	30.00	150.00
<b>Survey RVW:</b>	0.97	2.00	2.20	2.90	7.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	10.00	30.00	45.00	60.00	180.00
<b>Immediate Post Service-Time:</b>	<u>10.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	77262	<b>Recommended Physician Work RVU: 2.00</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		3.00	0.00	3.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		45.00		
Please, pick the <u>post-service</u> 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)				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		6.00	0.00	6.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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
77307	XXX	2.90	RUC Time

CPT Descriptor Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)

**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
74170	XXX	1.40	RUC Time	108,543

CPT Descriptor 1 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	RUC Time	9,128,695

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		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:** 38      **% of respondents:** 26.3 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 28      **% of respondents:** 19.4 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>77262</u>	<b>Top Key Reference CPT Code:</b> <u>77317</u>	<b>2nd Key Reference CPT Code:</b> <u>77307</u>
Median Pre-Service Time	3.00	3.00	3.00
Median Intra-Service Time	45.00	50.00	80.00
Median Immediate Post-service Time	6.00	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
<b>Median Total Time</b>	<b>54.00</b>	<b>56.00</b>	<b>86.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.32	0.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.42	0.36
Urgency of medical decision making	0.34	0.39

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.26	0.46
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Physical effort required	0.26	0.43
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.24	0.29
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Outcome depends on the skill and judgment of physician	0.39	0.50
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Estimated risk of malpractice suit with poor outcome	0.37	0.43
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.42	0.39
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT Code 77263 *Therapeutic radiology treatment planning; complex* was identified in this screen. ASTRO identified 77261 *Therapeutic radiology treatment planning; simple* and 77262 *Therapeutic radiology treatment planning; intermediate* as part of the family.

Clinical treatment planning codes (CPT codes 77261-77263) are a professional charge only, describing physician work to integrate the patient's overall medical condition and extent of disease, and to formulate a plan of therapy for the patient. A clinical treatment planning code may only be billed once for the entire course of treatment. Documentation for clinical treatment planning includes a written note or individualized form signed and dated by the physician that includes diagnosis, treatment site, the target anatomical structures (e.g., primary and regional lymph nodes or primary site only), identification of any organs at risk in or adjacent to the treatment fields, intent of treatment, special tests interpreted, modality and interaction with chemotherapy and technique contemplated (e.g., conventional, three-dimensional, IMRT, SRS, SBRT or brachytherapy).

The Research Subcommittee reviewed and approved our vignettes for 77261-77263.

ASTRO conducted a survey, with a 3992 sample size, and collected 144 random surveys. ASTRO convened a panel that included a number of experts familiar with this service to evaluate the RUC survey data. ASTRO recommends the 25<sup>th</sup> percentile RVU of 2.00 for CPT 77262.

Our rationale for this recommendation is based on multiple factors described below.

### Vignette

For CPT 77262, the RUC database currently has ICD-9 code 198 “other secondary malignant neoplasm,” as the most dominant ICD9 code, comprising 28.8% of claims in 2014. As such, we proposed a vignette of a patient with multiple bone metastases, who will be treated to two or more sites. This vignette fits in nicely with our Coding Guide criteria for more than one lesion requiring treatment, and well understood by our membership. This vignette was presented to the Research Subcommittee and was approved. 95% of the survey respondents found this vignette to be typical.

### Time

CPT Code 77262 has an XXX global period, so there is no standard pre or post service package.

We are recommending 3 minutes of pre time and 6 minutes of post time. Our current surveyed total time was 70 minutes (15, 45, 10). ASTRO is recommending the median survey time for intra (45), reducing the surveyed pre- and post-times, resulting in a total of 54 minutes (3, 45, 6). We note that our recommended time is lower than the existing time of 55 minutes (CMS/Other), which is why we are recommending the 25<sup>th</sup> percentile, and lower than the existing work RVUs.

### IWPUT

The surveyed CPT code 77262 will have an IWPUT of 0.040. If you were to calculate the existing IWPUT for 55 minutes of total time and the existing 2.11 RVUs, it would be 0.038, which is very similar to the new IWPUT. The IWPUT relationship within the surveyed family of codes maintains rank order, as well as with the reference codes.

CPT	IWPUT
77261	0.039
1 <sup>st</sup> Ref 77306	0.032
77262	0.040
1 <sup>st</sup> Ref 77317	0.034
77263	0.044
1 <sup>st</sup> Ref 77295	0.042

### Billed Together

Clinical Treatment Planning occurs after the initial consultation process, and can only be billed once throughout the entire course of care. No other codes are typically reported on the same day of service. The “Medicare Same Day EM Billing Occurrences” file illustrates that an E/M is reported on the same day 24% of the time. In this case, the consultation is completed prior to initiating the clinical treatment planning process.

### Comparison to the Key Reference Services

The key reference service code was CPT 77317, Brachytherapy isodose plan; intermediate. This key reference code was most often selected (26.3%) by the survey respondents. This code has a total time of 56 minute (3, 50, 3), an IWPUT of 0.034, and a wRVU of 1.83. The second key reference code 77307, Teletherapy isodose plan; complex, was selected by 19.4%, with a total time of 86 minutes (3, 80, 3), an IWPUT of 0.035, and a wRVU of 2.9. Both codes have similarities, and are well understood by membership. We believe that these two reference codes were an appropriate selection by our survey respondents and fits nicely with our survey data.

Relativity

Our recommendation will maintain relativity compared to the reference codes, the other two treatment planning codes, and codes within the radiation oncology family. Therapeutic treatment planning; simple has an RVU of 1.30. Therapeutic treatment planning; intermediate has an RVU of 2.00. Therapeutic treatment planning; complex (with a wRVU of 3.14) takes into account the added complexity, time and effort, and correlates nicely with the other two treatment planning codes.

		Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWPUT
95819 MPC	<i>Electroencephalogram (EEG); including recording awake and asleep</i>	1.08	5	15	6	26	0.056
<b>77261 Surveyed</b>	<b><i>Therapeutic radiology treatment planning; simple</i></b>	<b>1.30</b>	<b>3</b>	<b>30</b>	<b>3</b>	<b>36</b>	<b>0.039</b>
74170 MPC	<i>CT, abdomen; without contrast material, followed by contrast material(s) and further sections</i>	1.40	5	18	5	28	0.065
77306 RefCode	<i>Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)</i>	1.40	3	40	3	46	0.032
77290 RefCode	<i>Therapeutic radiology simulation-aided field setting; complex</i>	1.56	7	60	10	77	0.020
77317 RefCode	<i>Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)</i>	1.83	3	50	3	56	0.034
<b>77262 Surveyed</b>	<b><i>Therapeutic radiology treatment planning; intermediate</i></b>	<b>2.00</b>	<b>3</b>	<b>45</b>	<b>6</b>	<b>54</b>	<b>0.040</b>
99204 MPC	<i>Office/outpatient visit new</i>	2.43	5	30	10	45	0.070
77307 RefCode	<i>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)</i>	2.90	3	80	3	86	0.035
<b>77263 Surveyed</b>	<b><i>Therapeutic radiology treatment planning; complex</i></b>	<b>3.14</b>	<b>7</b>	<b>60</b>	<b>15</b>	<b>82</b>	<b>0.044</b>
99205 MPC	<i>Office/outpatient visit new</i>	3.17	7	45	15	67	0.060
77295 RefCode	<i>3-dimensional radiotherapy plan, including dose-volume histograms</i>	4.29	7	90	15	112	0.042

Recommendation

We are recommending the surveyed 25<sup>th</sup> % wRVU of 2.00. Pre service: 3 minutes, median intra time of 45 minutes, and post service time of 6 minutes, for a total time of 54 minutes. The expert panel believes that our survey supports our recommendation.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 77262

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Radiation Oncology	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? 6,543

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current version of the RUC database indicates the frequency of 6,543.

Specialty Radiation Oncology	Frequency 4908	Percentage 75.01 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Oncology

BETOS Sub-classification Level II:

Radiation Therapy

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### **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 77262

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: 77263	Tracking Number	Original Specialty Recommended RVU: <b>3.14</b>
		Presented Recommended RVU: <b>3.14</b>
Global Period: XXX		RUC Recommended RVU: <b>3.14</b>
CPT Descriptor: Therapeutic radiology treatment planning; complex		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: Patient with locally advanced prostate cancer presents for clinical treatment planning.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

**Description of Pre-Service Work:** The physician decides if additional tests and/or imaging (e.g. nuclear bone, CT, MRI, PET/CT, ultrasound, molecular imaging scans, urine dynamics, colonoscopy or cystoscopy) are needed to better to evaluate the tumor extent (e.g. tumor extension, lymphadenopathy (LAD), etc.), and to understand and/or correct any preexisting pathology (e.g. bowel, bladder, etc.) prior to proceeding with treatment.

**Description of Intra-Service Work:** The physician synthesizes the findings from the physical history, physical exam and additional imaging (e.g. tumor extent, lymph nodes, etc.) and additional testing (e.g. functional studies, scopes, etc.) with attention to potential interventions required prior to proceeding with radiation therapy. The physician will also carefully consider relevant medical issues (e.g. osteoarthritis, artificial hips, inflammatory bowel disease, autoimmune disease, previous radiation therapy in regard to collateral tissue tolerance and/or recall reactions, the need for biological tissue spacers between the rectum and prostate, etc.), and available imaging to develop an appropriate treatment plan reflecting the extent of disease, the patient's clinical scenario, tumor eradication, acute and long term consequences of curative treatment and the logistical issues of transportation associated with a protracted treatment course.

The physician determines the appropriate treatment modality based upon the patient clinical parameters such as: external beam conformal radiotherapy, intensity modulated radiotherapy, volumetric arc radiotherapy, brachytherapy (low dose rate versus high dose rate), particle beam therapy, and the use of hormonal manipulation, and whether these modalities should be used individually or in combination, and in what sequence if more than one modality is utilized.

The physician determines whether one or more treatment volume will be clinically necessary based upon the location of the tumor within or surrounding the region of interest and the potential for local or regional spread. Differential dosing may be required based on the extent of disease found in these treatment volumes. A combination of radiation modalities may be

required to address the primary tumor volume, as well as secondary and tertiary tumor volumes depending on the extent of tumor involvement.

The physician decides on the most appropriate position for simulation, the kind of patient preparation needed for treatment and immobilization appropriate for the patient's clinical scenario, reflecting on the extent of the patient's tumor, symptomatology, adjacent organs, and body habitus with the intent to displace normal tissue out of the area to be treated yet have a reliably reproducible setup and minimize systematic and random errors. The physician will consider alternative dose fractionation regimens and the biologic consequences of normal tissue tolerances for adjacent organs at risk (e.g. skin, muscle, bone, bowel, rectum, bladder, femoral heads, etc.) as well as the patient's overall health and prognosis weighing the acute and long term radiobiological consequences of each therapeutic decision. Consideration is given to the use of low energy photons or high energy photons, intensity modulated radiotherapy or volumetric arc radiotherapy, brachytherapy (LDR/HDR) and protons which requires understanding the various depth of penetration and their inherent internal scatter.

The physician will carefully consider the potential radiobiological consequence and therapeutic benefit of providing multiple volume radiation treatment (e.g. integral dose, the total dose deposited throughout the entire volume of the patient) while maximizing the biological effective dose (BED) to the tumor while minimizing dose to critical and sensitive organs at risk. Based upon the radiobiology of the various organs and tumor type, the physician may need to incorporate these tolerances into the fractionation schedule to ultimately improve the therapeutic ratio by improving the local control of the tumor and decreasing the potential for acute and long-term side effects of therapy. Improving the therapeutic window in curative treatments may require the careful blending of two or more radiation modalities (e.g. sequencing a brachytherapy boosts to external beam radiation modalities).

The physician obtains informed consent from the patient after reviewing the details of the planned course of therapy, possible acute and long term side effects, potential complications and alternatives to treatment. The physician will reaffirm how he or she would like the patient to ready themselves for daily treatment (e.g. empty rectum, full bladder, breath hold etc.).

**Description of Post-Service Work:** The physician verifies and documents the treatment planning parameters as well as the intent of treatment (e.g. integral dose, the total dose deposited throughout the entire volume of the patient) and dictates a note in the clinical chart. The physician documents the intended radiation plan directive and the temporal sequencing of the modalities to be used in the care course (e.g. multi-volume, multi-stage radiation treatment plan, all treatments site, laterality, type(s) of radiation treatment to be employed, beam energy(s), radiation fractionation schedule, total radiation dose). The physician will provide treatment planning directives for tumor and organs at risk constraints. Ideal patient treatment considerations will be requested (e.g. full bladder, empty rectum, breath hold, time of day, etc.). Imaging directives will be documented.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Michael Kuettel, MD, PhD and Peter Orio, III, DO				
<b>Specialty(s):</b>	Radiation Oncology				
<b>CPT Code:</b>	77263				
<b>Sample Size:</b>	3992	<b>Resp N:</b>	146	<b>Response:</b>	3.6 %
<b>Description of Sample:</b>	Survey was sent to all USA, MD/DO Active Members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	53.00	100.00	176.00	410.00
<b>Survey RVW:</b>	1.10	3.20	3.50	4.50	10.00
<b>Pre-Service Evaluation Time:</b>			20.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	10.00	40.00	60.00	90.00	210.00
<b>Immediate Post Service-Time:</b>	<u>15.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	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

<b>CPT Code:</b>	77263	<b>Recommended Physician Work RVU: 3.14</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	7.00	0.00	7.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	60.00			
<b>Please, pick the <u>post-service</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	15.00	0.00	15.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
77295	XXX	4.29	RUC Time

CPT Descriptor 3-dimensional radiotherapy plan, including dose-volume histograms

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
77307	XXX	2.90	RUC Time

CPT Descriptor Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99204	XXX	2.43	RUC Time	9,128,695

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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99205	XXX	3.17	RUC Time	2,876,317

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of 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.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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:** 47      **% of respondents:** 32.1 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 22      **% of respondents:** 15.0 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>77263</u>	<b>Top Key Reference CPT Code:</b> <u>77295</u>	<b>2nd Key Reference CPT Code:</b> <u>77307</u>
Median Pre-Service Time	7.00	7.00	3.00
Median Intra-Service Time	60.00	90.00	80.00
Median Immediate Post-service Time	15.00	15.00	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
<b>Median Total Time</b>	<b>82.00</b>	<b>112.00</b>	<b>86.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.30	0.68
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.51	0.82
Urgency of medical decision making	0.34	0.59

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.51	0.59
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Physical effort required	0.23	0.41
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**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.32	0.55
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Outcome depends on the skill and judgment of physician	0.45	0.64
--	------	------

Estimated risk of malpractice suit with poor outcome	0.30	0.68
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**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.28	0.77
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT Code 77263 *Therapeutic radiology treatment planning; complex* was identified in this screen. ASTRO identified 77261 *Therapeutic radiology treatment planning; simple* and 77262 *Therapeutic radiology treatment planning; intermediate* as part of the family.

Clinical treatment planning codes (CPT codes 77261-77263) are a professional charge only, describing physician work to integrate the patient's overall medical condition and extent of disease, and to formulate a plan of therapy for the patient. A clinical treatment planning code may only be billed once for the entire course of treatment. Documentation for clinical treatment planning includes a written note or individualized form signed and dated by the physician that includes diagnosis, treatment site, the target anatomical structures (e.g., primary and regional lymph nodes or primary site only), identification of any organs at risk in or adjacent to the treatment fields, intent of treatment, special tests interpreted, modality and interaction with chemotherapy and technique contemplated (e.g., conventional, three-dimensional, IMRT, SRS, SBRT or brachytherapy).

The Research Subcommittee reviewed and approved our vignettes for 77261-77263.

ASTRO conducted a survey, with a 3992 sample size, and collected 146 random surveys. ASTRO convened a panel that included a number of experts familiar with this service to evaluate the RUC survey data. ASTRO recommends maintaining the wRVU of 3.14 for CPT 77263.

Our rationale for this recommendation is based on multiple factors described below.

### Vignette

For CPT code 77263, we have also carefully considered the 2014 claims data found within the 2016 RUC database and have concluded that the typical vignette for our 77263 survey would be a patient with prostate cancer, the second most frequently listed diagnosis code (ICD-185; 14.53%) and not the top diagnosis of a “other secondary malignant neoplasm” (ICD-9; 17.25%). Our rationale for this conclusion is based on the fact that ICD-9 code 198 has numerous sub classifications to include, but not limited to, bone, brain, breast, lung, skin as well as the genitourinary organs, which by definition would also include the prostate. With such a vast array of anatomical areas associated with ICD-9 198 (other secondary malignant neoplasm), the many different treating planning processes for these patients, and the small 2.72% (7412 claims) difference between the first (ICD9 198 17.25%) and second (ICD9 185 14.53%) listed diagnosis, are not simple comparisons.

Appreciating that all the sub classification of ICD9 198 are aggregated for reporting purposes within the Database, it is impossible to choose the appropriate disease site to design a vignette. Considering this aggregation, we presented a vignette of a “malignant neoplasm of the prostate” to the Research Subcommittee, and approved. 96% of the survey respondents found this vignette to be typical.

### Time

CPT Code 77263 has an XXX global period, so there is no standard pre or post service package.

We are recommending 7 minutes of pre time and 15 minutes of post time. Our current surveyed total time was 95 minutes (20, 60, 15). ASTRO is recommending the median survey time for intra (60), which results in a total time of 82 minutes (7, 60, 15). We note that our recommended time is slightly higher than the existing time of 75 minutes (CMS/Other). We are recommending maintaining current existing work RVU, which is below our surveyed 25<sup>th</sup> percentile.

### IWPUT

The surveyed CPT code 77263 will have an IWPUT of 0.044. If you were to calculate the existing IWPUT for 75 of total time and the existing 3.14 RVUs, it would be 0.042, which is very similar to the new IWPUT. The IWPUT relationship within the surveyed family of codes maintains rank order, as well as with the reference codes.

CPT	IWPUT
77261	0.039
1 <sup>st</sup> Ref 77306	0.032
77262	0.040
1 <sup>st</sup> Ref 77317	0.034
77263	0.044
1 <sup>st</sup> Ref 77295	0.042

### Billed Together

Clinical Treatment Planning occurs after the initial consultation process, and can only be billed once throughout the entire course of care. No other codes are typically reported on the same day of service. The “Medicare Same Day EM Billing Occurrences” file illustrates that an E/M is reported on the same day 25% of the time. In this case, the consultation is completed prior to initiating the clinical treatment planning process.

### Comparison to the Key Reference Services

The key reference service code was CPT 77295, 3-dimensional radiotherapy plan. This key reference code was most often selected (32.1%) by the survey respondents. This code has a total time of 112 minute (7, 90, 15), an IWP/UT of 0.042, and a wRVU of 4.29. The second key reference code 77307, Teletherapy isodose plan; complex, was selected by 15.0%, with a total time of 86 minutes (3, 80, 3), an IWP/UT of 0.035, and a wRVU of 2.90. Both codes have similarities, and are well understood by membership. We believe that these two reference codes were an appropriate selection by our survey respondents and fits nicely with our survey data.

### Relativity

Our recommendation will maintain relativity compared to the reference codes, the other two treatment planning codes, and codes within the radiation oncology family. Therapeutic treatment planning; simple has an RVU of 1.30. Therapeutic treatment planning; intermediate has an RVU of 2.00. Therapeutic treatment planning; complex (with a wRVU of 3.14) takes into account the added complexity, time and effort, and correlates nicely with the other two treatment planning codes.

		Work RVU	Pre Time	Intra Time	Post Time	Total Time	IWP/UT
95819 MPC	<i>Electroencephalogram (EEG); including recording awake and asleep</i>	1.08	5	15	6	26	0.056
<b>77261 Surveyed</b>	<b><i>Therapeutic radiology treatment planning; simple</i></b>	<b>1.30</b>	<b>3</b>	<b>30</b>	<b>3</b>	<b>36</b>	<b>0.039</b>
74170 MPC	<i>CT, abdomen; without contrast material, followed by contrast material(s) and further sections</i>	1.40	5	18	5	28	0.065
77306 RefCode	<i>Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)</i>	1.40	3	40	3	46	0.032
77290 RefCode	<i>Therapeutic radiology simulation-aided field setting; complex</i>	1.56	7	60	10	77	0.020
77317 RefCode	<i>Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)</i>	1.83	3	50	3	56	0.034
<b>77262 Surveyed</b>	<b><i>Therapeutic radiology treatment planning; intermediate</i></b>	<b>2.00</b>	<b>3</b>	<b>45</b>	<b>6</b>	<b>54</b>	<b>0.040</b>
99204 MPC	<i>Office/outpatient visit new</i>	2.43	5	30	10	45	0.070
77307 RefCode	<i>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)</i>	2.90	3	80	3	86	0.035
<b>77263 Surveyed</b>	<b><i>Therapeutic radiology treatment planning; complex</i></b>	<b>3.14</b>	<b>7</b>	<b>60</b>	<b>15</b>	<b>82</b>	<b>0.044</b>
99205 MPC	<i>Office/outpatient visit new</i>	3.17	7	45	15	67	0.060
77295 RefCode	<i>3-dimensional radiotherapy plan, including dose-volume histograms</i>	4.29	7	90	15	112	0.042



Recommendation

We are recommending maintaining the wRVU of 3.14, which is below our surveyed 25<sup>th</sup> percentile. Pre service: 7 minutes, median intra time of 60 minutes, and post service time of 15 minutes, for a total time of 82 minutes. The expert panel believes that our survey supports our recommendation.

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 77263

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology                      How often? Commonly

Specialty                      How often?

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Radiation Oncology	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

272,535 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. The current RUC database indicates the frequency data is 272,535 for CPT code 77263.

Specialty Radiation Oncology	Frequency 264359	Percentage 97.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Oncology

BETOS Sub-classification Level II:

Radiation Therapy

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### **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 77263

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
13	ISSUE: Radiation Therapy Planning																								
14	TAB: 37																								
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
17	1st REF	77306	Teletherapy isodose plan; simple	69	0.032			1.40			46	3					40			3					
18	2nd REF	77290	Therapeutic radiology simulation	13	0.020			1.56			77	7					60			10					
19	CURRENT	77261	Therapeutic radiology treatment planning; simple					1.39			43						43								
20	SVY			143	0.033	0.48	1.30	1.45	1.50	5.50	50	10			5	20	30	40	180	10	0	10	16	30	110
21	REC				0.039	1.30					36	3					30			3					
22																									
23																									
24						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
25	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
26	1st REF	77317	Brachytherapy isodose plan; inte	38	0.034			1.83			56	3					50			3					
27	2nd REF	77307	Teletherapy isodose plan; compl	28	0.035			2.90			86	3					80			3					
28	CURRENT	77262	Therapeutic radiology treatment planning; intermediate					2.11			55						55								
29	SVY			144	0.036	0.97	2.00	2.20	2.90	7.00	70	15			10	30	45	60	180	10	0	5	15	30	150
30	REC				0.040	2.00					54	3					45			6					
31																									
32																									
33						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
34	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
35	1st REF	77295	3-dimensional radiotherapy plan	47	0.042			4.29			112	7					90			15					
36	2nd REF	77307	Teletherapy isodose plan; compl	22	0.035			2.90			86	3					80			3					
37	CURRENT	77263	Therapeutic radiology treatment planning; complex					3.14			75						75								
38	SVY			146	0.045	1.10	3.20	3.50	4.50	10.00	95	20			10	40	60	90	210	15	0	53	100	176	410
39	REC				0.044	3.14					82	7					60			15					

#37  
**Tab Number**

Radiation Therapy Planning  
**Issue**

77261-77263  
**Code Range**

### **Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Michael Kuettel, MD, PhD  
**Printed Signature**

\_\_\_\_\_  
The American Society for Radiation Oncology (ASTRO)  
**Specialty Society**

\_\_\_\_\_  
April 4, 2016  
**Date**

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*CMS High Expenditure Procedures\**

April 2016

**Bone Imaging**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 78306 was identified via this screen.

During the RUC's discussion of this tab, the specialty societies noted and the RUC agreed that physician work governed by regulatory requirements happens both in the pre-service and post-service periods. The specialty societies noted that before the study is performed, the physician must review flood sources and perform tasks pertaining to receipt of the radiopharmaceutical; after the intra-service period, there are regulatory review tasks pertaining to review of surveys and disposal or return of radiopharmaceuticals.

***78300 Bone and/or joint imaging; limited area***

The RUC reviewed the survey results from 143 physicians and agreed on the following physician time components: pre-service time of 5 minutes, intra-service time of 10 minutes and post-service time of 5 minutes. The RUC noted that the Harvard Study only measured total time for this service, so a comparison of change in intra-service time is not possible.

The RUC reviewed the respondents' estimated 25<sup>th</sup> percentile work RVU of 0.70, and agreed that maintaining the current work RVU of 0.62 is appropriate. To further validate a work RVU of 0.62, the RUC compared the survey code to top key reference code 78226 *Hepatobiliary system imaging, including gallbladder when present*; (work RVU= 0.74, intra-service time of 10 minutes, and total time of 20 minutes) and noted that both services have identical intra-service and total times and the survey respondents rated both services as involving a similar amount of intensity and complexity. The RUC also compared the survey code to CPT code 76856 *Ultrasound, pelvic (nonobstetric), real time with image documentation; complete* (work RVU= 0.69, intra-service time of 10 minutes, total time of 20 minutes) and noted that both services have identical intra-service and total times and involve a similar amount of physician work. **The RUC recommends a work RVU of 0.62 for CPT code 78300.**

**78305 Bone and/or joint imaging; multiple areas**

The RUC reviewed the survey results from 132 physicians and agreed on the following physician time components: pre-service time of 5 minutes, intra-service time of 10 minutes and post-service time of 5 minutes.

The RUC noted that although the survey times were identical relative to 78300, the amount of physician work of bone imaging studies for multiple areas represents more physician work relative to only a limited area. The RUC also noted that although the Harvard Study only measured total time for this service, so a comparison of change in intra-service time is not possible.

The RUC reviewed the respondents' estimated 25<sup>th</sup> percentile work RVU of 0.85, and agreed that maintaining the current work RVU of 0.83 is appropriate. To further validate a work RVU of 0.83, the RUC compared the survey code to 70486 *Computed tomography, maxillofacial area; without contrast material* (work RVU= 0.85, intra-service time of 10 minutes, total time of 16 minutes) and noted that both services have identical intra-service time, while the survey code includes more total time. The RUC also compared the survey code to CPT code 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)* (work RVU= 1.00, intra-service time of 10 minutes, total time of 20 minutes) and noted that identical intra-service time and total times, a work RVU of 0.83 for the survey code is supported. **The RUC recommends a work RVU of 0.83 for CPT code 78305.**

**78306 Bone and/or joint imaging; whole body**

The RUC reviewed the survey results from 137 physicians and agreed on the following physician time components: pre-service time of 5 minutes, intra-service time of 10 minutes and post-service time of 5 minutes.

The RUC noted that although the survey times were identical relative to 78306, the amount of physician work of bone imaging studies for the whole body represents more work relative to only multiple areas.

The RUC reviewed the respondents' estimated 25<sup>th</sup> percentile work RVU of 0.90, and agreed that maintaining the current work RVU of 0.86 is appropriate. To further validate a work RVU of 0.86, the RUC compared the survey code to the RUC compared the survey code to 70486 *Computed tomography, maxillofacial area; without contrast material* (work RVU= 0.85, intra-service time of 10 minutes, total time of 16 minutes) and noted that both services have identical intra-service time, while the survey code includes more total time. The RUC also compared the survey code to CPT code 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)* (work RVU= 1.00, intra-service time of 10 minutes, total time of 20 minutes) and noted that identical intra-service time and total times, a work RVU of 0.86 for the survey code is supported. **The RUC recommends a work RVU of 0.86 for CPT code 78306.**

**Practice Expense**

It was determined that the clinical staff perform surveys of areas used during imaging and documentation for regulatory compliance during the clinical labor post-service period after the patient has left the office and not during the post-service portion of the service period when the patient is still in the office. Making this reallocation also reduced the PACS Workstation equipment time by 3 minutes for each code. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
78300 (f)	Bone and/or joint imaging; limited area	XXX	0.62 (No Change)
78305 (f)	Bone and/or joint imaging; multiple areas	XXX	0.83 (No Change)
78306	Bone and/or joint imaging; whole body	XXX	0.86 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 78300	Tracking Number	Original Specialty Recommended RVU: <b>0.62</b>
		Presented Recommended RVU: <b>0.62</b>
Global Period: XXX		RUC Recommended RVU: <b>0.62</b>
CPT Descriptor: Bone and/or joint imaging; limited area		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 67-year-old female with acute onset of pain in left knee. Radiographs do not demonstrate suspected tibial plateau insufficiency fracture. MRI contraindicated due to pacemaker. Bone scan of left knee is requested to evaluate for occult fracture.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Physician reviews the clinical request, pertinent medical records, X rays, and any prior bone imaging data, interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patient's bone scan. Consult with the ordering physician to clarify the indications, when necessary. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical, dose and assures by oversight that appropriate records are maintained per NRC and/or state regulations.

Description of Intra-Service Work: Under the supervision of the authorized user the patient receives the prescribed dose intravenously. Limited area imaging, includes anterior and posterior images and lateral or oblique images as per protocol. The physician reviews the initial imaging data and compares to any previous radionuclide and other imaging bone data. Request additional bone images based on initial imaging findings. The interpreting physician reviews these additional images. Dictate a formal consultative report for the medical record.

Description of Post-Service Work: Review and sign the report. May discuss the imaging results with the referring physician and they may also be discussed with the patient. Order additional plain radiographs as necessary after discussion with the referring physician. Provide regulatory (NRC/state) review and oversight throughout the procedure.



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Gary Dillehay, MD, Scott Bartley, MD, Zeke Silva, MD, Kurt Schoppe, MD				
<b>Specialty(s):</b>	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine, (ACNM) and American College of Radiology (ACR)				
<b>CPT Code:</b>	78300				
<b>Sample Size:</b>	2366	<b>Resp N:</b>	137	<b>Response:</b> 5.7 %	
<b>Description of Sample:</b>	SNMMI, ACNM and ACR random sample, plus members of ACR that identified themselves as performing nuclear medicine services.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	20.00	40.00	100.00	800.00
<b>Survey RVW:</b>	0.38	0.70	0.80	1.00	2.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	5.00	10.00	15.00	60.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	78300	<b>Recommended Physician Work RVU: 0.62</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	10.00			
Please, pick the <b>post-service time package</b> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
78226	XXX	0.74	RUC Time

CPT Descriptor Hepatobiliary system imaging, including gallbladder when present;**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
78070	XXX	0.80	RUC Time

CPT Descriptor Parathyroid planar imaging (including subtraction, when performed);**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
88112	XXX	0.56	RUC Time	984,246
<u>CPT Descriptor 1</u> Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76830	XXX	0.69	RUC Time	456,190

CPT Descriptor 2 Ultrasound, transvaginal

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25      % of respondents: 18.2 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 20      % of respondents: 14.5 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>78300</u>	Top Key Reference CPT Code: <u>78226</u>	2nd Key Reference CPT Code: <u>78070</u>
Median Pre-Service Time	5.00	5.00	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	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
<b>Median Total Time</b>	<b>20.00</b>	<b>20.00</b>	<b>20.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.40	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.28	0.45
Urgency of medical decision making	-0.36	0.50
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.16	0.00
Physical effort required	-0.04	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.28	0.50
Outcome depends on the skill and judgment of physician	0.32	0.15
Estimated risk of malpractice suit with poor outcome	0.04	0.70

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.28	0.40
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

**CPT 78306 Bone and/or joint imaging; whole body** was identified in the 2016 MPFS NPRM High Expenditure by Specialty screen and is being brought forward for survey at the April 2016 RUC meeting along with two other codes in the family: **CPT 78305 Bone and/or joint imaging; multiple areas** and **CPT 78300 Bone and/or joint imaging; limited area**.

**78300 Survey Results & Recommendations:**

A joint SNMMI, ACNM and ACR consensus committee (herein referred to as "joint societies") reviewed and discussed the survey results. The survey was conducted in both random and targeted methods. The SNMMI and ACNM lists were random, while the ACR identified one random group from the entirety of its membership database and another group of randomly chosen members from those who identified themselves as performing nuclear medicine services.

The joint societies received 137 responses survey responses of which 88 percent of the survey respondents stated the vignette was typical. The survey performance rate median 40 studies per year among the 137 respondents is higher than we anticipated given the lower volume of this service, however it does suggest that survey participants are familiar with this service. CPT 78300 is a relatively lower volume service compared to CPT 78306; however, unlike 78306, CPT 78300 has not previously been surveyed, and the times are Harvard. The joint societies agreed that the survey physician median times of 5 minutes pre-service, 10 minutes intra-service and 5 minutes post time, accurately reflect the time required to perform this service.

The key reference code 1 chosen was 78226 *Hepatobiliary system imaging, including gallbladder when present*; by 25 (18%) respondents and the key reference code 2, 78070 *Parathyroid planar imaging (including subtraction, when performed)* both have higher RVWs and times, chosen by 20 (15%) respondents, which we believe supports rank order with this recommendation. The intensity/complexity comparisons for key reference code 1 and 2 identifies mixes of lower, equivalent and higher measures and therefore we did not factor that into our recommendation.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services support maintaining CPT 78300 at the current RVW 0.62 with the median times 5-10-5.

CPT	Short Description	RVW	Pre	Intra	Post	Total
78014	Thyroid imaging with single or multiple uptake(s) quantitative measurement(s)	0.50	5	10	5	20
74230	CINE/Xray throat/esoph	0.53	3	10	4	17
78300	Bone and/or joint imaging; limited	0.62 REC	5 REC	10 REC	5 REC	20 REC
76642	Ultrasound breast limited	0.68	5	10	5	20
78226	Hepato Imag without drug and quant	0.74	5	10	5	20
78597	Quantitative differential pulmonary perfusion, including imaging	0.75	5	10	5	20

In summary, for CPT 78300, the joint societies believe the survey supports maintaining the RVW current work value. We recommend the maintaining the RVW 0.62 with pre time 5 minutes, intra time 10 minutes and 5 minutes of post time.

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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.

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## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78300

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology                      How often? Commonly

Specialty Nuclear Medicine                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41241

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3 Times Medicare Volume

Specialty Radiology                      Frequency 37117                      Percentage 90.00 %

Specialty Nuclear Medicine                      Frequency 4124                      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?

13,747 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 2014 volume

Specialty Radiology                      Frequency 12372                      Percentage 89.99 %

Specialty Nuclear Medicine                      Frequency 1375                      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:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Nuclear Medicine

### **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 78300

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: 78305	Tracking Number	Original Specialty Recommended RVU: <b>0.83</b>
		Presented Recommended RVU: <b>0.83</b>
Global Period: XXX		RUC Recommended RVU: <b>0.83</b>
CPT Descriptor: Bone and/or joint imaging; multiple areas		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 70-year-old male fell on step of his front porch yesterday. Pain in right wrist, right ribs, and right hip. Radiographs of suspected areas do not demonstrate any fractures. Bone scan of multiple areas requested to evaluate for radiographically occult fractures

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: Physician reviews the clinical request, pertinent medical records, X rays, and any prior bone imaging data, interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patient's bone scan. Consult with the ordering physician to clarify the indications, when necessary. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical, dose and assures by oversight that appropriate records are maintained per NRC and/or state regulations.

Description of Intra-Service Work: Under the supervision of the authorized user the patient receives the prescribed dose intravenously. Multiple area imaging, includes anterior and posterior images and lateral or oblique images as per protocol. Review the initial imaging data and compare to any previous radionuclide and other imaging bone data. Request additional bone images based on initial imaging findings. The interpreting physician reviews these additional images. Dictate a formal consultative report for the medical record.

Description of Post-Service Work: Review and sign the report. May discuss the imaging results with the referring physician and they may also be discussed with the patient. Order additional plain radiographs as necessary after discussion with the referring physician. Provide regulatory (NRC/state) review and oversight throughout the procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Gary Dillehay, MD, Scott Bartley, MD, Zeke Silva, MD, Kurt Schoppe, MD				
<b>Specialty(s):</b>	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine, (ACNM) and American College of Radiology (ACR)				
<b>CPT Code:</b>	78305				
<b>Sample Size:</b>	2366	<b>Resp N:</b>	132	<b>Response:</b> 5.5 %	
<b>Description of Sample:</b>	SNMMI, ACNM and ACR random sample, plus members of ACR that identified themselves as performing nuclear medicine services.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	15.00	40.00	100.00	600.00
<b>Survey RVW:</b>	0.50	0.85	0.99	1.10	3.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	8.00	10.00	17.00	60.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	78305	<b>Recommended Physician Work RVU: 0.83</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	10.00			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
78582	XXX	1.07	RUC Time

CPT Descriptor Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
78227	XXX	0.90	RUC Time

CPT Descriptor Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76700	XXX	0.81	RUC Time	1,012,962

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95251	XXX	0.85	RUC Time	31,626

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 29      % of respondents: 21.9 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 25      % of respondents: 18.9 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>78305</u></b>	<b>Top Key Reference CPT Code: <u>78582</u></b>	<b>2nd Key Reference CPT Code: <u>78227</u></b>
Median Pre-Service Time	5.00	5.00	6.00
Median Intra-Service Time	10.00	12.00	15.00
Median Immediate Post-service Time	5.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>27.00</b>	<b>26.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
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**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	0.59	0.84
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.66	0.60
Urgency of medical decision making	-0.31	-0.04

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.17	0.24
Physical effort required	0.21	0.08

**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	-0.03	0.36
Estimated risk of malpractice suit with poor outcome	-0.10	0.12

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.34	0.60
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

**CPT 78306 Bone and/or joint imaging; whole body** was identified in the 2016 MPFS NPRM High Expenditure by Specialty screen and is being brought forward for survey at the April 2016 RUC meeting along with two other codes in the family: **CPT 78305 Bone and/or joint imaging; multiple areas** and **CPT 78300 Bone and/or joint imaging; limited area**.

**78305 Survey Results & Recommendations:**

A joint SNMMI, ACNM and ACR consensus committee (herein referred to as "joint societies") reviewed and discussed the survey results. The survey was conducted in both random and targeted methods. The SNMMI and ACNM lists were random, while the ACR identified one random group from the entirety of its membership database and another group of randomly chosen members from those who identified themselves as performing nuclear medicine services.

The joint societies received 132 responses survey responses of which 94 percent of the survey respondents stated the vignette was typical. The survey performance rate median 40 studies per year among the 132 respondents is higher than we anticipated given the lower volume of this service, however it does suggest that survey participants are familiar with this service. CPT 78305 is a relatively lower volume service compared to CPT 78306; however, unlike 78306, CPT 78305 has not previously been surveyed, and the times are Harvard. The joint societies agreed that the survey physician median times of 5 minutes pre-service, 10 minutes intra-service and 5 minutes post time, accurately reflect the time required to perform this service.

The key reference code 1 chosen was 78582 *Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging* by 29 respondents (22%) and the key reference code 2, 78227 *Hepatobiliary system imaging*,

including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed both have higher RVWs and times, chosen by 25 (29%) respondents, which we believe supports rank order with this recommendation. The intensity/complexity comparisons for key reference code 1 and 2 identifies mixes of lower, equivalent and higher measures and therefore we did not factor that into our recommendation.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services support maintaining CPT 78305 at the current RVW 0.83 with the median times 5-10-5.

CPT	Short Description	RVW	Pre	Intra	Post	Total
76700	US exam abd complete	0.81	5	11	5	21
78598	Quantitative VQ lung	0.85	5	10	9	24
78305	Bone and/or joint imaging; multiple areas	0.83 REC	5 REC	10 REC	5 REC	20 REC
78227	Hepato Imag with drug and quantitation	0.90	6	15	5	26
78453	Planar MPI, single study	1.00	5	10	5	20

In summary, for CPT 78305 the joint societies believe the survey supports maintaining the RVW current work value. We recommend the maintaining the RVW 0.83 with pre time 5 minutes, intra time 10 minutes and 5 minutes of post time.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 78305

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology

How often? Commonly

Specialty Nuclear Medicine

How often? Commonly

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period? 8157

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3 Times Medicare Volume

Specialty Radiology	Frequency 7341	Percentage 89.99 %
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Specialty Nuclear Medicine	Frequency 816	Percentage 10.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,719

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 2014 Medicare Data

Specialty Radiology	Frequency 2447	Percentage 89.99 %
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Specialty Nuclear Medicine	Frequency 272	Percentage 10.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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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:

Nuclear Medicine

### **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 78305

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: 78306	Tracking Number	Original Specialty Recommended RVU: <b>0.86</b>
		Presented Recommended RVU: <b>0.86</b>
Global Period: XXX		RUC Recommended RVU: <b>0.86</b>
CPT Descriptor: Bone and/or joint imaging; whole body		

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 57-year-old male with a history of prostate carcinoma presents with an elevated PSA and pain in his right pelvic region. A bone scan is requested to assess the cause of the pain in his pelvis and the extent of any other foci of metastatic bone disease.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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: Physician reviews the clinical request, pertinent medical records, X rays, and any prior bone imaging data, interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patients bone scan. Consult with the ordering physician to clarify the indications, when necessary. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical, dose and assures by oversight that appropriate records are maintained per NRC and/or state regulations.

Description of Intra-Service Work: Under the supervision of the authorized user the patient receives the prescribed dose intravenously. Whole body imaging, includes anterior and posterior images and lateral or oblique images, whole body includes top of skull to feet imaging, as per protocol. Review the initial imaging data and compare to any previous radionuclide and other imaging bone data. Request additional bone images based on initial imaging findings. The interpreting physician reviews these additional images. Dictate a formal consultative report for the medical record.

Description of Post-Service Work: Review and sign the report. May discuss the imaging results with the referring physician and they may also be discussed with the patient. Order additional plain radiographs as necessary after discussion with the referring physician. Provide regulatory (NRC/state) review and oversight throughout the procedure.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Gary Dillehay, MD, Scott Bartley, MD, Zeke Silva, MD, Kurt Schoppe, MD				
<b>Specialty(s):</b>	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine, (ACNM) and American College of Radiology (ACR)				
<b>CPT Code:</b>	78306				
<b>Sample Size:</b>	2366	<b>Resp N:</b>	143	<b>Response:</b> 6.0 %	
<b>Description of Sample:</b>	SNMMI, ACNM and ACR random sample, plus members of ACR that identified themselves as performing nuclear medicine services				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	100.00	<b>200.00</b>	400.00	1500.00
<b>Survey RVW:</b>	0.50	0.90	<b>1.07</b>	1.25	3.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	2.00	10.00	<b>10.00</b>	19.00	60.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*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

<b>CPT Code:</b>	78306	<b>Recommended Physician Work RVU: 0.86</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>10.00</b>			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
78582	XXX	1.07	RUC Time

CPT Descriptor Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
70470	XXX	1.27	RUC Time

CPT Descriptor Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76700	XXX	0.81	RUC Time	1,012,962

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95251	XXX	0.85	RUC Time	31,626

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**



**Number of respondents who choose Top Key Reference Code: 33      % of respondents: 23.0 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 17      % of respondents: 11.8 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>78306</u></b>	<b>Top Key Reference CPT Code: <u>78582</u></b>	<b>2nd Key Reference CPT Code: <u>70470</u></b>
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	10.00	12.00	15.00
Median Immediate Post-service Time	5.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>27.00</b>	<b>25.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.64	0.35
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.61	0.88
Urgency of medical decision making	-0.55	-0.53
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.12	0.35
Physical effort required	0.12	0.41

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	-0.33	-0.29
Outcome depends on the skill and judgment of physician	-0.12	0.18
Estimated risk of malpractice suit with poor outcome	-0.24	-0.12

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.24	0.53
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background:**

**CPT 78306 Bone and/or joint imaging; whole body** was identified in the 2016 MPFS NPRM High Expenditure by Specialty screen and is being brought forward for survey at the April 2016 RUC meeting along with two other codes in the family: **CPT 78305 Bone and/or joint imaging; multiple areas** and **CPT 78300 Bone and/or joint imaging; limited area**.

**78306 Survey Results & Recommendations:**

A joint SNMMI, ACNM and ACR consensus committee (herein referred to as "joint societies") reviewed and discussed the survey results. The survey was conducted in both random and targeted methods. The SNMMI and ACNM lists were random, while the ACR identified one random group from the entirety of its membership database and another group of randomly chosen members from those who identified themselves as performing nuclear medicine services.

The joint societies received 143 responses survey responses of which 99 percent of the survey respondents stated the vignette was typical. The survey performance rate median 200 studies per year among the 143 respondents is an anticipated rate given this is a high volume procedure, which adds support to the survey responses. CPT 78306 was surveyed in the third five-year review in August 2005 and our current recommendations are concordant with those survey results. The joint societies agreed that the survey physician median times of 5 minutes pre-service, 10 minutes intra-service and 5 minutes post time, accurately reflect the time required to perform this service. Regarding the service period times, at the five year review, the intra service time was reduced from the median survey intraservice time of 10 minutes time to 8 minutes. In hind sight, the joint societies would not have accepted that recommendation.

The key reference code 1 chosen was 75852 *Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging* by 33 respondents (18 %) and the key reference code 2, 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* both have higher RVWs and times, chose by 17 (12%), which we believe supports rank order with this recommendation. The intensity/complexity comparisons for key reference code 1 and 2 identifies mixes of lower, equivalent and higher measures and therefore we did not factor that into our recommendation.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services support maintaining CPT 78306 at the current RVW 0.86 with the median times 5-10-5.

CPT	Short Description	RVW	Pre	Intra	Post	Total
76700	US exam abd complete	0.81	5	11	5	21
78598	Quantitative VQ lung	0.85	5	10	9	24
70450	CT brain w/o dye	0.85	4	10	5	19
70486	CT maxil/facial w/o dye	0.85	3	10	3	16
78306	Bone and/or joint imaging; whole body	0.86 REC	5 REC	10 REC	5 REC	20 REC
78227	Hepato Imag with drug and quantitation	0.90	6	15	5	26
78453	Planar MPI, single study	1.00	5	10	5	20

In summary, for CPT 78306 the joint societies believe the survey supports maintaining the RVW current work value based on the close relationship to the 25<sup>th</sup> percentile. We recommend maintaining the RVW 0.86 and accepting the median survey times, pre time 5 minutes, intra time 10 minutes and 5 minutes of post time.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78306

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology                      How often? Commonly

Specialty Nuclear Medicine                      How often? Commonly

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 897201

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3 Times the Medicare Population

Specialty Radiology                      Frequency 807481                      Percentage 90.00 %

Specialty Nuclear Medicine                      Frequency 89720                      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?

299,067 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 2014 Medicare Volume

Specialty Radiology                      Frequency 269160                      Percentage 89.99 %

Specialty Nuclear Medicine                      Frequency 29907                      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:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

Nuclear Medicine

### **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 78306

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Bone Imaging  
TAB: 38

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
	REF 1	78226	Hepatobiliary system imaging, including gallbladder when present;	25	0.052	0.74					20	5	10					5					
	REF 2	#REF!	Parathyroid planar imaging (including subtraction, when performed);	20	0.058	0.80					20	5	10					5					
	CURRENT	78300	Bone and/or joint imaging; limited area		#DIV/0!			0.62			15												
88%	SVY Total	78300	Bone and/or joint imaging; limited area	137	0.058	0.38	0.70	0.80	1.00	2.00	20	5	2	5	10	15	60	5	0	20	40	100	800
	REC	78300	Bone and/or joint imaging; limited area		0.040	0.62					20	5			10			5					

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
	REF 1	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	29	0.061	1.07					27	5	12					10					
	REF 2	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	25	0.044	0.90					26	6	15					5					
	CURRENT	78305	Bone and/or joint imaging; multiple areas		#DIV/0!			0.83			22												
93%	SVY Total	78305	Bone and/or joint imaging; multiple areas	132	0.077	0.50	0.85	0.99	1.10	3.00	20	5	2	8	10	17	60	5	0	15	40	100	600
	REC	78305	Bone and/or joint imaging; multiple areas		0.061	0.83					20	5			10			5					

**38**  
Tab Number

**Bone Imaging**  
Issue

**78306, 78305, 78300**  
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

**Scott C. Bartley, MD**  
Printed Signature

**American College of Nuclear Medicine (ACNM)**  
Specialty Society

**4-4-2016**

\_\_\_\_\_  
Date

**38**  
Tab Number

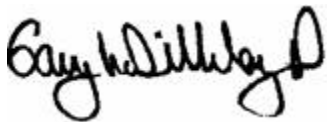
**Bone Imaging**  
Issue

**78306, 78305, 78300**  
Code Range

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\_\_\_\_\_  
Signature

**Gary L. Dillehay, MD**  
Printed Signature

**Society of Nuclear Medicine and Molecular Imaging(SNMMI)**  
Specialty Society

**4-4-2016**

\_\_\_\_\_  
Date

7  
8  
12  
16  
23  
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31  
32  
33  
34  
38

Tab Number

Chest X-Ray  
Abdominal X-Ray  
Fine Needle Aspiration,  
Injection for Knee Arthrography  
Selective Catheter Placement  
X-Ray of Ribs, 31/CT Chest  
X-Ray of Wrist  
X-Ray of Hands and Fingers  
Angiography of Abdominal Arteries  
Bone Imaging  
Issue

710X1-710X4  
74022, 740X1-740X3  
10021-10022  
27370  
36215-36218  
71100, 71101, 71110-71111  
71250, 71260, 71270  
73100, 73110  
73120, 73130, 73140  
75635  
78300, 78305, 78306  
Code Range

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Signature

Ezequiel Silva III, MD, FACR  
Printed Signature

American College of Radiology  
Specialty Society

April 5, 2016  
Date



# AMA/Specialty Society Update Process

## Practice Expense Summary of Recommendation

### Non Facility Direct Inputs

CPT Long Descriptor:

<b>78306</b>	<i>Bone and/or joint imaging; whole body</i>
<b>78305</b>	<i>Bone and/or joint imaging; multiple areas</i>
<b>78300</b>	<i>Bone and/or joint imaging; limited area</i>

Global Period: **XXX** Meeting Date: **April 2016**

**Revised 4-28-2016**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: *A joint society consensus with members from three societies participating including; Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR).*

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: *Existing codes 78306, 78305, 78300 brought forward from a CMS request for review. Inputs for 78306, 78305 and 78300 were used respectively, as the reference for existing CPT codes.*

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

#### LINE 30 time

Two minutes are standard time, one additional minute for nuclear medicine services in general, as patients are placed on equipment in several positions for imaging. Equipment is moving around them and will come in very close but not touch, them, nor should they touch the equipment or it will stop.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

#### Points of clarification

#### LINE 66 time

Is moved to the standard PAC lines, see lines 46, 47, 48 for more accurate placement in the service period and accepting standards.

#### Equipment computers/workstation:

There are three distinct computer workstations;

1. The first computer workstation, line 94 (ED020) is a nuclear pharmacy management computer, located in the hot lab / injection room. Its sole purpose is to track ordered, receipt and disposal of radiopharmaceuticals; example tasks, administered and decayed/disposed patient dose record, all the surveys done throughout the day, these are all requirements following the NRC/State regulations.
2. The second computer workstation, line 96 (ED019) is specifically used with the gamma camera for such activities as image acquisition, data and initial image processing. Images are not stored or interpreted with this computer workstation. *(There may also be another workstation (this would be a fourth) in the physician reading room for physician computer analysis and additional image processing, **however we have not asked for this additional computer** as that is now the PACs noted below.)*
3. The PACS Workstation Proxy, line 97 (ED050) is the technologists workstation and its time is the clinical service period time. Additional image processing and formatting is performed on this workstation, including quality control to prepare the images for interpretation. The PACS Professional Workstation (line 98) (no

CMS code yet available) is for the professional interpretation and its service period time is the physician work pre and intra times.

#### **Calculation of equipment times:**

While we understand that CMS typically does not account for equipment time for items in pre service. The standard NRC/State regulatory requirements do occur in the pre service time (lines 20 & line 21) and those required activities do involve the use of the equipment, therefore we have added lines 20 and 21 respectively as those pieces of equipment are in use during that time and no other work can occur on that equipment during that time. Specifically the gamma camera (ER032/ED019) and the acquisition/processing station are together in the camera room. When we do the required FDA/State flood check, it is done on the camera therefore line 20 requires the Co-57 flood source (line 85 ER001) and the gamma camera/workstation lines 95 ER032 & 96 ED019.

Additionally, we added line 17 to service period technical PACs since availability of prior imaging would require use of the PACs.

5. Please describe in detail the clinical activities of your staff:

#### **Pre-Service Clinical Labor Activities:**

- Review x-ray, lab and past test to confirm appropriateness with physician, confirm technique / protocol to be used, obtain physician written directive, determine radiopharmaceutical dose, and order radiopharmaceutical(s) from central/commercial nuclear pharmacy.
- Verification of Planar Equipment, using Co-57 flood source, following NRC/State requirements mandated prior to use of equipment.
- Prepare radiopharmaceutical (prepare and QC dose(s)) delivered by central/commercial nuclear pharmacy with NRC required check-in of RP, survey, package, wipe test of syringe, and recording all regulatory required documentation. Ready dose for potential injection with in-house labels and records. Store radiopharmaceutical(s) in Hot Lab which is leaded protective shielding.

#### **Intra-Service Clinical Labor Activities:**

- Greet patient, ensure appropriate medical records are available
- Provide pre-service education/obtain consent including mandatory radiation education
- Prepare room, equipment, supplies (additional change collimator and set up protocol)
- Prepare and position patient/ monitor patient
- Obtain RP from RP storage/preparation area, prepare meal(s), recheck dose, record, resay, and ensure dose would be appropriate (following protocols) based on the written directive (correct test and patient weight)
- Acquire images and discuss imaging views with physician for potential additional instructions regarding the protocol or additional views as requested.
- Complete diagnostic forms, lab & X-ray requisitions, image processing, development hard copy or complete labeling of electronic view, archive and obtain approval to discharge patient

#### **Post-Service Clinical Labor Activities:**

- Clean room/equipment by physician staff
- Specific room clean-up of RP injection/administration areas with mandatory defacement of labels for proper RP residual disposal
- Regulatory compliance - NRC required wipe tests and survey areas used including regulatory documentation.

	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.			78300		78300		78305		78305		78306		78306	
3	Meeting Date: April 2016 Revised 4-27-2016 Tab: 38 Bone Imaging Specialty: SNMMI, ACNM, ACR	CMS Code	Staff Type	Bone and/or joint imaging; limited area		Bone and/or joint imaging; limited area		Bone and/or joint imaging; multiple areas		Bone and/or joint imaging; whole body		Bone and/or joint imaging; whole body		Bone and/or joint imaging; whole body	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L049A	NMT	91.0	0.0	82.0	0.0	104.0	0.0	95.0	0.0	111.0	0.0	102.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L049A	NMT	23.0	0.0	21.0	0.0	23.0	0.0	21.0	0.0	23.0	0.0	21.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L049A	NMT	55.0	0.0	58.0	0.0	68.0	0.0	71.0	0.0	75.0	0.0	78.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L049A	NMT	13.0	0.0	3.0	0.0	13.0	0.0	3.0	0.0	13.0	0.0	3.0	0.0
10	PRE-SERVICE														
11	Start: Following visit when decision for surgery or procedure made														
12	Complete pre-service diagnostic & referral forms														
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	L049A	NMT	2		2		2		2		2		2	
18	Patient clinical information and questionnaire (if applicable, reviewed by technologist, order from physician confirmed and exam protocolled by radiologist	L049A	NMT	4		2		4		2		4		2	
19	Other Clinical Activity - specify:														
20	NRC/State requirements for verification of Planar or SPECT Equipment to be used in imaging	L049A	NMT	4		4		4		4		4		4	
21	Prepare radiopharmaceutical (s) delivered by central pharmacy with NRC and DOT required check-in of RP, survey package, wipe test of package and all recordings for required documentation by federal or state regularors. Verify ordered dosages with received dosages and store for use with patient.	L049A	NMT	13		13		13		13		13		13	
22	End: When patient enters office/facility for surgery/procedure														
23	SERVICE PERIOD														
24	Start: When patient enters office/facility for surgery/procedure:														
25	Greet patient, provide gowning, ensure appropriate medical records are available	L049A	NMT	3		3		3		3		3		3	
26	Obtain vital signs														
27	Provide pre-service education/obtain consent	L049A	NMT	3		3		3		3		3		3	
28	Prepare room, equipment, supplies	L049A	NMT	2		2		2		2		2		2	
29	Setup scope (non facility setting only)														
30	Prepare and position patient/ monitor patient/ set up IV	L049A	NMT	3		3		3		3		3		3	
31	Sedate/apply anesthesia														
32	Other Clinical Activity - specify:														
33	Intra-service														
34	Obtain RP from storage, verify patient, recheck dose, administer perscribed Rp per protocol (correct test and patient weight) ,reassay syringe post injection, record administered Rp	L049A	NMT	5		5		5		5		5		5	
35	Acquire images	L049A	NMT	32		32		45		45		52		52	
36	Post-Service														
37	Monitor pt. following moderate sedation														
38	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)														
39	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)														
40	Clean room/equipment by physician staff	L049A	NMT	3		3		3		3		3		3	
41	Clean Scope														
42	Clean Surgical Instrument Package														
43	Complete diagnostic forms, lab & X-ray requisitions	L049A	NMT	2		2		2		2		2		2	
44	Review/read X-ray, lab, and pathology reports	L049A	NMT	2		0		2		0		2		0	
45	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
46	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L049A	NMT			2				2				2	
47	Review examination with interpreting MD	L049A	NMT			2				2				2	
48	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L049A	NMT			1				1				1	
49	Other Clinical Activity - specify:														
50	Regulatory compliance -State and NRC required surveys of areas used and documentation	L049A	NMT			0				0				0	
51	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
52	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
53	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
54	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.			78300		78300		78305		78305		78306		78306	
3	Meeting Date: April 2016 Revised 4-27-2016 Tab: 38 Bone Imaging Specialty: SNMMI, ACNM, ACR	CMS Code	Staff Type	Bone and/or joint imaging; limited area		Bone and/or joint imaging; limited area		Bone and/or joint imaging; multiple areas		Bone and/or joint imaging; whole body		Bone and/or joint imaging; whole body		Bone and/or joint imaging; whole body	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
55	POST-SERVICE Period														
56	Start: Patient leaves office/facility														
57	Conduct phone calls/call in prescriptions														
64	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
65	Other Clinical Activity - specify:														
66	Post processing raw data including ROI and analysis	L049A	NMT	10		0		10		0		10		0	
67	Regulatory Compliance -State and NRC required surveys of areas used during imaging and documenation	L049A	NMT	3		3		3		3		3		3	
68	End: with last office visit before end of global period														
69	MEDICAL SUPPLIES*	CODE	UNIT												
70	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1	
71	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1		1		1	
72	underpad 2ft x 3ft (Chux)	SB044	item	1		1		1		1		1		1	
73	angiocatheter 14g-24g	SC001	item	1		1		1		1		1		1	
74	heparin lock	SC012	item	1		0		1		0		0		0	
75	needle, 18-27g	SC029	item	1		1		1		1		1		1	
76	stop cock, 3-way	SC049	item	1		1		1		1		1		1	
77	syringe 10-12ml	SC051	item	1		1		1		1		1		1	
78	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	1		1		1		1		1		1	
79	gauze, non-sterile 2in x 2in	SG050	item	1		1		1		1		1		1	
80	heparin lock flush solution	SH040	item	1		0		1		0		0		0	
81	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item	1		1		1		1		1		1	
82	swab-pad, alcohol	SJ053	item	2		1		2		1		1		1	
83	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	5		5		5		5		5		5	
84	EQUIPMENT	CODE	Rows for Equip												
85	Cobalt-57 Flood Source (47cm dia) (10 mCi)	ER001	20	4		4		4		4		4		4	
86	dose calibration source vial set (Cs137, Co57, and	ER026	21,34, 50	16		18		16		18		16		18	
87	radiation survey meter	ER054	21, 34, 50	17		18		17		18		17		18	
88	bed, hospital, electric	EF002	none	18		0		18		0		18		0	
89	chair medical recliner	EF009	27, 30, 34, 50	0		11		0		11		0		11	
90	radiation L-block tabletop shield	ER053	21, 34,50	24		18		24		18		24		18	
91	safe, storage, lead-lined	ER058	21, 34,50	24		18		24		18		24		18	
92	gamma counter, automatic	ER033	21,34,50	24		18		24		18		24		18	
93	dose calibrator (Atomlab)	ER027	21, 34,50	28		18		28		18		28		18	
94	computer workstation, nuclear pharmacy management	ED020	34,50	28		5		28		5		28		5	
95	gamma camera system, single-dual head	ER032	Sum 28-40 Plus 20	24		49		37		62		44		69	
96	computer workstation, nuclear medicine analysis-vi	ED019	Sum 28-40 Plus 20	32		49		45		62		52		69	
97	PACS Workstation Proxy (from RUC data base)	ED050	PE service period = row 8	55		58		68		71		75		78	
98	PACS Workstation Professional		Professional = pre and intra time.			15				15				78	
99	PACS Workstation Technical		PE service period = row 8			0				0				0	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS Request – Final Rule for 2016*

April 2016

**Pathology Consultation During Surgery**

Following publication of the 2014 Final Rule, the RUC solicited feedback from the specialties societies regarding CPT codes potentially impacted by the OPPS/ASC Payment Cap. Specialty societies indicated an interest in re-reviewing or validating a recent RUC review for PE only, for 58 of the 211 codes identified through the cap. The PE Subcommittee reviewed the codes identified by specialty societies, grouped by families, at the April 2014 RUC meeting and provide CMS with the recommendations as a sample subset of the codes impacted by the cap. CPT codes 88333 and 88334 were included in these recommendations. CMS chose not to implement the RUC recommendations for 2015, but has reviewed and accepted the recommendations with refinement for 2016. CMS expressed concern about the way the services were selected for review and limiting the review to PE only. The RUC understand CMS' concerns about implementing PE inputs without the corresponding work being reviewed. AMA staff analyzed the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of most of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. The application of this criteria, results in only 6 remaining codes. The codes are 10021, 30903, 88333, 88334, 95812 and 95813.

**88333 Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

The RUC reviewed the survey results from 53 pathologists and cytopathologists and determined that it was appropriate to maintain the current work RVU of 1.20, which is supported by the survey median of 1.20. The RUC recommends 25 minutes intra-service time. The RUC compared the surveyed code to the top key reference service 88331, *Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen* (work RVU = 1.19, intra-service time of 25 minutes) and noted that both services have similar physician work and should be valued similarly. For additional support the RUC compared the surveyed code to CPT code 88120 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual* (work RVU = 1.20, intra-service time of 30 minutes) and noted that the surveyed code requires slightly less intra-service time, but is more intense to perform justifying the identical work RVUs. **The RUC recommends a work RVU of 1.20 for CPT code 88333.**

**88334 Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

The RUC reviewed the survey results from 41 pathologists and cytopathologists and determined that it was appropriate to maintain the current work RVU of 0.73, which is supported by the survey 25<sup>th</sup> percentile of 0.75. The RUC recommends 20 minutes intra-service time. The RUC

compared the surveyed code to the top key reference service 88332, *Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)* (work RVU = 0.59, intra-service time of 16 minutes) and noted that the surveyed code as greater intra-service time and is appropriately valued higher. For additional support the RUC compared the surveyed code to CPT code 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)* (work RVU = 0.71, intra-service time of 20 minutes) and noted that the both services have identical intra-service time and similar intensity and should be valued similarly. Additionally the RUC discussed that 88334 is an add-on code and should have a ZZZ global period rather than a XXX global period. **The RUC recommends a work RVU of 0.73 for CPT code 88334.**

#### Global Period

**The RUC requests that CMS assign a ZZZ global period to CPT code 88334.** The RUC noted that the Committee's other recommendations are not contingent on this global period change, as this code does not include any pre-service or post-service time.

#### Practice Expense

The RUC recommends the direct practice expense inputs as submitted by the specialty societies and approved by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	XXX	1.20 (No Change)
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	<del>XXX</del> ZZZ	0.73 (No Change)



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 88333      Tracking Number

Original Specialty Recommended RVU: **1.20**  
Presented Recommended RVU: **1.20**  
RUC Recommended RVU: **1.20**

Global Period: XXX

CPT Descriptor: Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep) initial site

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 65 year old male with a peribronchial mass undergoes a needle biopsy and an immediate evaluation is requested. Touch preps of the specimen are made.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Go to the procedure room and review pertinent clinical information. Take biopsy specimen to the intraoperative pathology suite where the patient's previous diagnosis' are reviewed by a query into the anatomic pathology computer system. Perform a gross examination. With assistance from histo/cytotechnologist, label glass slides with the patient's name and other slide-specific identifiers carefully touch a slide to the tissue, stain the smear with diff-quick and cover slip. Then screen and evaluate entire slide for evidence of malignant cells and other pathologic findings. Following examination present a verbal report to the physician procuring the tissue and provide a written confirmation of this report in the patient's medical record.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Jonathan Myles, MD, Swati Mehrotra, MD				
<b>Specialty(s):</b>	College of American Pathologists, American Society of Cytopathology				
<b>CPT Code:</b>	88333				
<b>Sample Size:</b>	2550	<b>Resp N:</b>	53	<b>Response:</b> 2.0 %	
<b>Description of Sample:</b>	Random Sample				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	5.00	50.00	100.00	150.00	1000.00
<b>Survey RVW:</b>	0.50	1.19	1.20	1.35	4.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	4.00	15.00	25.00	30.00	60.00
<b>Immediate Post Service-Time:</b>	0.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	88333	<b>Recommended Physician Work RVU: 1.20</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	25.00			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
88331	XXX	1.19	RUC Time

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
88173	XXX	1.39	RUC Time

CPT Descriptor Cytopathology, evaluation of fine needle aspirate; interpretation and report

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
70460	XXX	1.13	RUC Time	34,103

CPT Descriptor 1 Computed tomography, head or brain; with contrast material(s)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
70470	XXX	1.27	RUC Time	138,206

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
78071	XXX	1.20	RUC Time

CPT Descriptor Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)

**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: 37      % of respondents: 69.8 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 18.8 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>88333</u>	Top Key Reference CPT Code: <u>88331</u>	2nd Key Reference CPT Code: <u>88173</u>
Median Pre-Service Time	0.00	0.00	15.00
Median Intra-Service Time	25.00	25.00	25.00
Median Immediate Post-service Time	0.00	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
<b>Median Total Time</b>	<b>25.00</b>	<b>25.00</b>	<b>50.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.35	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.19	-0.10
Urgency of medical decision making	0.08	0.40
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.16	0.10
Physical effort required	0.00	0.10
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.11	0.30

Outcome depends on the skill and judgment of physician	0.38	0.50
Estimated risk of malpractice suit with poor outcome	-0.16	0.10

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.41	0.30
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

At the April 2014 RUC meeting, the College of American Pathologists (CAP) and the American Society of Cytopathology (ASC) reviewed the practice expense only for CPT Codes 88333 *Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep) initial site* and 88334 *Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep) each additional site (List separately in addition to code for primary procedure)*. In the 2016 NPRM, the CMS identified these codes as potentially misvalued because their direct PE inputs were not reviewed alongside review of their work RVUs and time. Therefore, the RUC requested these services be surveyed for physician work and the practice expense be reviewed at the April 2016 RUC meeting.

Upon review of current ICD-9 data, the CAP and ASC found that the typical patient scenario has changed since these codes were originally valued and, as a result, revised the vignette to reflect the most current data and physician practice. The RUC's Research Subcommittee approved a change in the vignettes and in the current standard physician work survey that removed questions about pre-service or post-service physician work for these services. The CAP and the ASC performed a joint random survey on their respective memberships. A total of 53 surveys were received, which demonstrated a median intra service time of 25 minutes, a 25<sup>th</sup> percentile WRVU of 1.19, and a median WRVU of 1.20. The key reference service was 88331 *Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen*, which has a time of 25 minutes and a WRVU of 1.19. CPT Code 88333 has a current WRVU of 1.20 with 25 minutes of intra-service time. The survey results support the current work RVU and physician time. The specialty survey results are shown below.

<b>Random Membership Survey</b>	<b>Email #</b>	<b>Median Time</b>	<b>Median WRVU</b>
ASC Member Random Sample	300	30	1.19
CAP Member Random Sample	2,250	20	1.20
<b>Total Surveyed/Respondents</b>	<b>2,550</b>	<b>25</b>	<b>1.20</b>

The CAP and the ASC convened an expert panel composed of their respective Economic and Regulatory Affairs Committee members to review the survey analysis. **Based on the results, the expert panel concluded that the survey results validate and support the current time and WRVU of 88333, and therefore the CAP and ASC recommend a time of 25 minutes and a WRVU of 1.20.**

**SERVICES REPORTED WITH MULTIPLE CPT CODES**

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Typically it may be performed as a part of an interoperative assessment of an 88305 specimen.

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) 88333

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology                      How often? Commonly

Specialty Independent Laboratory                      How often? Rarely

Specialty Dermatology                      How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 118764

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 RUC Database indicates 59,382 claims for 2014. Medicare procedures represent approximately 50% of the total volume for pathology procedures (59,382\*2=118,764). Percentages are from the RUC database for the year 2014 and reflect the 26 modifier which accounts for 98% of the total volume.

Specialty Pathology                      Frequency 113740                      Percentage 95.76 %

Specialty Independent Laboratory                      Frequency 4632                      Percentage 3.90 %

Specialty Dermatology                      Frequency 119                      Percentage 0.10 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

59,382 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 RUC Database indicates 59,382 claims for 2014. Percentages are from the RUC database for the year 2014 and reflect the 26 modifier which accounts for 98% of the total volume.

Specialty Pathology                      Frequency 56864                      Percentage 95.75 %

Specialty Independent Laboratory                      Frequency 2316                      Percentage 3.90 %

Specialty Dermatology

Frequency 60

Percentage 0.10 %

CPT Code: 88333

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:

Lab tests

BETOS Sub-classification Level II:

Other (MPFS)

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### **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 88333

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: 88334      Tracking Number

Original Specialty Recommended RVU: **0.73**  
Presented Recommended RVU: **0.73**  
RUC Recommended RVU: **0.73**

Global Period: ZZZ

CPT Descriptor: Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep) each additional site (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 67 year old female with a 1 cm lung mass undergoes biopsy of a right lung lesion in which needle cores are procured from two areas of the tumor. These are received in a single specimen container on saline moistened gauze. Immediate evaluation is requested and touch preps of one needle core are made and are not diagnostic. Touch preps are then made from the second needle core and separately interpreted. (Note: This is an add-on code for the additional physician work related to the second needle core only. The physician work related to the first needle core would be reported separately with the primary code 88333.).

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?

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: With assistance from histo/cytotechnologist, label glass slides with the patient's name and other slide-specific identifiers carefully touch a slide to the tissue, stain the smear with diff-quick and cover slip. Then screen and evaluate entire slide for evidence of malignant cells and other pathologic findings. Following examination present a verbal report to the physician procuring the tissue and provide a written confirmation of this report in the patient's medical record.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Jonathan Myles, MD, Swati Mehrotra, MD				
<b>Specialty(s):</b>	College of American Pathologists, American Society of Cytopathology				
<b>CPT Code:</b>	88334				
<b>Sample Size:</b>	2550	<b>Resp N:</b>	41	<b>Response:</b> 1.6 %	
<b>Description of Sample:</b>	Random Sample				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	2.00	11.00	<b>30.00</b>	90.00	600.00
<b>Survey RVW:</b>	0.59	0.75	<b>1.00</b>	1.25	4.00
<b>Pre-Service Evaluation Time:</b>			<b>0.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	3.00	10.00	<b>20.00</b>	30.00	60.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	88334	<b>Recommended Physician Work RVU: 0.73</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>20.00</b>			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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
88332	XXX	0.59	RUC Time

CPT Descriptor Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
88331	XXX	1.19	RUC Time

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	RUC Time	456,190

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	RUC Time	1,133,681

CPT Descriptor 2 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

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: 17      % of respondents: 41.4 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 12      % of respondents: 29.2 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>88334</u>	Top Key Reference CPT Code: <u>88332</u>	2nd Key Reference CPT Code: <u>88331</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	16.00	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
<b>Median Total Time</b>	<b>20.00</b>	<b>16.00</b>	<b>25.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.53	0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.29	0.08
Urgency of medical decision making	0.47	0.00
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.29	-0.08
Physical effort required	-0.06	0.08

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.47	-0.33
Outcome depends on the skill and judgment of physician	0.71	0.25
Estimated risk of malpractice suit with poor outcome	0.29	-0.50

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.47	0.17
------------------------------	------	------

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

At the April 2014 RUC meeting, the College of American Pathologists (CAP) and the American Society of Cytopathology (ASC) reviewed the practice expense only for CPT Codes 88333 *Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep) initial site* and 88334 *Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep) each additional site (List separately in addition to code for primary procedure)*. In the 2016 NPRM, the CMS identified these codes as potentially misvalued because their direct PE inputs were not reviewed alongside review of their work RVUs and time. Therefore, the RUC requested these services be surveyed for physician work and the practice expense be reviewed again at the April 2016 RUC meeting.

Upon review of current ICD-9 data, the CAP and ASC found that the typical patient scenario has changed since these codes were originally valued and, as a result, revised the vignette to reflect the most current data and physician practice. The RUC's Research Subcommittee approved a change in the vignettes and in the current standard physician work survey that removed questions about pre-service or post-service physician work for these services. The CAP and the ASC performed a joint random survey on their respective memberships. A total of 41 surveys were received, which demonstrated a median time of 20 minutes, a 25<sup>th</sup> percentile WRVU of 0.75, and a median WRVU of 1.00. The first reference service selected was 88332 *Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)* (WRVU=0.59, 16 minutes intra-service time), and the second reference service selected was 88331 *Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen* (WRVU=1.19, 25 minutes intra-service time). CPT code 88334 has a current WRVU of 0.73 with 20 minutes of intra-service time.

The CAP and the ASC convened an expert panel composed of their respective Economic and Regulatory Affairs Committee members to review the survey analysis. Based on the results, the expert panel concluded that the survey results support the current time (20 minutes) and WRVU (0.73) of 88334. The median survey time validates the current time, and while the survey 25th percentile WRVU is higher than the current WRVU, the expert panel could not identify compelling evidence to recommend an increase in value. Therefore, the survey results support the current work RVU and physician time. The specialty survey results are shown below.

<b>Random Membership Survey</b>	<b>Email #</b>	<b>Median Time</b>	<b>Median WRVU</b>
ASC Member Random Sample	300	25	0.98

CAP Member Random Sample	2,250	20	1.10
<b>Total Surveyed/Respondents</b>	2,550	20	1.00

The CAP and ASC expert panel recommends that the values of 88334 be maintained with a WRVU of 0.73 and 20 minutes of intra-service time.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 88334

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology                      How often? Commonly

Specialty Independent Laboratory                      How often? Rarely

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 54786

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 RUC Database indicates 27,393 claims for 2014. Medicare procedures represent approximately 50% of the total volume for pathology procedures (27,393\*2=54,786). Percentages are from the RUC database for the year 2014 and reflect the 26 modifier which accounts for 98% of the total volume.

Specialty Pathology Laboratory                      Frequency 52940                      Percentage 96.63 %

Specialty Independent Laboratory                      Frequency 1720                      Percentage 3.13 %

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? 27,393 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 RUC Database indicates 27,393 claims for 2014. Percentages are from the RUC database for the year 2014 and reflect the 26 modifier which accounts for 98% of the total volume.

Specialty Pathology	Frequency 26470	Percentage 96.63 %
Specialty Independent Laboratory	Frequency 860	Percentage 3.13 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Lab tests

BETOS Sub-classification Level II:

Other (MPFS)

---

### **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 88334

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Pathology Consultation During Surgery (88333 & 88334)

TAB: 39

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	37	0.048			1.19			25						25			
2nd REF	88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	10	0.033			1.39			50	15					25			10
CURRENT	88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site		0.048			1.20			25						25			
SVY	88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	53	0.048	0.50	1.19	1.20	1.35	4.00	25				4	15	25	30	60	
REC	88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site		0.048	1.20					25						25			

**ISSUE: Pathology Consultation During Surgery (88333 & 88334)**

**TAB: 39**

Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST
					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	
1st REF	88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	17	0.037			0.59			16						16			
2nd REF	88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	12	0.048			1.19			25						25			
CURRENT	88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)		0.037			0.73			20						20			
SVY	88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	41	0.050	0.59	0.75	1.00	1.25	4.00	20				3	10	20	30	60	
REC	88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)		0.037	0.73					20						20			

**AMA/Specialty Society RVS Update Committee (RUC)  
Financial Disclosure Statement For  
Specialty Society Presenters**

I certify that my personal or my family members'\* direct financial interest in, and my personal or my family members' affiliation with or involvement in any organization or entity with a direct financial interest in the development of relative value recommendations in which I am participating are noted below. Otherwise, my signature indicates I have no such direct financial interest or affiliation with an organization with a direct financial interest, other than providing these services in the course of patient care.

For purposes of this disclosure "direct financial interest" means:

- A financial ownership interest in an organization\*\* of 5% or more; or
- A financial ownership interest in an organization\*\* which contributes materially\*\*\* to your income; or
- Ownership of stock options in an organization\*\*; or
- A position as proprietor, director, managing partner, or key employee in an organization\*\*; or
- Serve as a consultant, researcher, expert witness (excluding professional liability testimony), speaker or writer for an organization\*\* or participate in a clinical trial that involves the services being reviewed, where payment contributes materially\*\*\* to your income.

*\*Family member means spouse, domestic partner, parent, child, brother or sister. Disclosure of family member's interest applies to the extent known by the representative or presenter..*

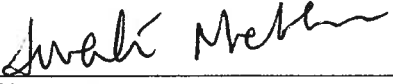
*\*\* Organization means any entity that makes or distributes the product that is utilized in performing the service, and not the physician group or facility in which you work or perform the service.*

*\*\*\*Materially means \$10,000 or more in income (excluding any reimbursement for expenses) for the past twenty-four months.*

**Include only interests that relate to the specific issue that you are presenting at this RUC meeting.**

Specific Disclosure (i.e., list organization)	Explain relationship between the service(s) that you are presenting and your disclosure	Identify interest for the past 24 months (circle one)	Identify cumulative lifetime interest (circle one)	If disclosure relates to stock, please list number of shares owned, options or warrants
N/A		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 39, Pathology Consultation During Surgery – 88333 and 88334  
Tab 40 Tumor Immunohistochemistry - 88360 and 88361

  
\_\_\_\_\_  
Signature

April 5, 2016  
Date

Swati Mehrotra, MD  
Print Name

American Society of Cytopathology\_\_\_\_  
Specialty Society

**Tabs 39 and 40**

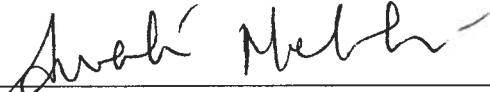
**Issue**  
**Pathology Consultation During Surgery**  
**Tumor Immunohistochemistry**

**Code Range**  
**(88333, 88334)**  
**(88360, 88361)**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

  
\_\_\_\_\_  
Signature

Swati Mehrotra, MD  
Printed Signature

American Society of Cytopathology  
Specialty Society

\_\_\_\_April 5, 2016  
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\*\*;
- A position as proprietor, director, managing partner, or key employee in an organization\*\*;
- Serve as a consultant, researcher, expert witness (excluding professional liability testimony), speaker or writer for an organization\*\* or participate in a clinical trial that involves the services being reviewed, where payment contributes materially\*\*\* to your income.

*\*Family member means spouse, domestic partner, parent, child, brother or sister. Disclosure of family member's interest applies to the extent known by the representative or presenter..*

*\*\* Organization means any entity that makes or distributes the product that is utilized in performing the service, and not the physician group or facility in which you work or perform the service.*

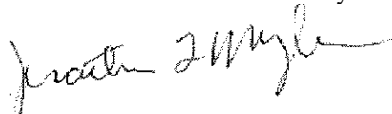
*\*\*\*Materially means \$10,000 or more in income (excluding any reimbursement for expenses) for the past twenty-four months.*

**Include only interests that relate to the specific issue that you are presenting at this RUC meeting.**

Specific Disclosure (i.e., list organization)	Explain relationship between the service(s) that you are presenting and your disclosure	Identify interest for the past 24 months (circle one)	Identify cumulative lifetime interest (circle one)	If disclosure relates to stock, please list number of shares owned, options or warrants
N/A		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 39, Pathology Consultation During Surgery – 88333 and 88334

Tab 40 Tumor Immunohistochemistry - 88360 and 88361



Signature

Date April 5, 2016

Jonathan Myles, MD  
Print Name

College of American Pathologists  
Specialty Society

**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Facility Direct Inputs**

CPT Long Descriptor:

88333 - Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site

88334 - Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site

(List separately in addition to code for primary procedure)

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The practice expense of these codes was reviewed and approved by the RUC in April 2014. The 2016 NPRM identified these codes as potentially misvalued because their direct practice expense had not been reviewed alongside their WRVU and time. Hence these codes are being reviewed along with WRVU and time at the request of RUC. The CAP and ASC created an expert panel to once again review the direct practice expense inputs for 88333 and 88334. Individuals with expertise and those who perform these services were consulted through a series of conference calls in order to refine practice expense inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

**The CAP recommends no direct practice expense inputs in the facility setting.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

None

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor:

88333 - *Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site*

88334 - *Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)*

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The practice expense of these codes was reviewed and approved by the RUC in April 2014. The 2016 NPRM identified these codes as potentially misvalued because their direct practice expense had not been reviewed alongside their WRVU and time. Therefore these codes' practice expenses are being reviewed along with WRVU and time at the request of RUC during the April 2016 RUC Meeting. The College of American Pathologists (CAP) and American Society of Cytopathology (ASC) created an expert panel which was composed of individuals who perform these services or who have other relevant expertise with the codes. The expert panel was consulted through a series of conference calls in order to refine practice expense inputs and make recommendations to the RUC.
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: April 2014 RUC recommended inputs and the current PE direct inputs are used as a reference.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: During the refinement process, the CAP and the ASC found that the typical patient scenario has changed, prompting adoption of a revised vignette approved by the Research Subcommittee. The change in PE inputs reflect a change in clinical labor steps, supplies, and/or equipment items and time paralleling a change in practice patterns, laboratory standards and techniques. As a result, there may be instances where the clinical labor was adjusted either up or down, medical supplies were added or deleted as not being typical, and equipment items or times were changed. The specialties appreciate the review of the direct practice expense in order to update the inputs to properly reflect the delivery of these services and protect beneficiaries' access to these services.
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: The expert panel is recommending inputs that reflect the typical patient scenario. The CMS made several edits to the inputs from the April 2014 inputs recommended by the RUC. The expert panel has identified these differences and in many cases is again recommending direct inputs that reflect the April 2014 RUC recommendations. On the submitted PE Spreadsheet, the societies noted where they

agree with the CMS' methodology and made several further changes that depend on the CMS' assumptions. However, there were several line items where CMS's rationale or methodology was flawed, and the specialties' rationale for differing inputs were either explained on the Spreadsheet or will be explained at RUC presentation.

**5. Please describe in detail the clinical activities of your staff:**

**Pre-Service Clinical Labor Activities:**

The laboratory technician prepares the room and grossing station, including filtering and replenishing or replacing supplies needed for the services. These supplies include slides, labels, forceps, blades, colored stains, and any other necessary items.

**Intra-Service Clinical Labor Activities:**

The histotechnologist or cytotechnologist assists the pathologist with gross specimen examination. The histo/cytotechnologist helps with slide preparation including making touch or crush preparations, staining, cover slipping, and labeling. The histo/cytotechnologist then assembles and delivers slides with paperwork to pathologists. Also, the histo/cytotechnologist performs other needed tasks, such as performing quality control functions and maintaining specimen tracking logs. Finally, the residual specimen is eventually appropriately triaged for final processing by the histo/cytotechnologist.

**Post-Service Clinical Labor Activities:**

The histo/cytotechnologist cleans the room and specialized equipment following procedure, preparing the room and equipment for the next specimen. The histo/cytotechnologist also performs any necessary equipment maintenance that must be done after the procedure.

	A	B	C	D	E	F	G	H	I
1				April2014 RUC	2016 CMS Inputs	April 2016 REC	April2014 RUC	2016 CMS Inputs	April 2016 REC
2				88333	88333	88333	88334	88334	88334
3	Meeting Date: April 2016 Tab: 39 Specialty: Pathology	CMS	Staff	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site
4	LOCATION	Code	Type	NF	NF	NF	NF	NF	NF
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	ZZZ
6	TOTAL CLINICAL LABOR TIME	LO37B, LO45A	& Cyto tech	30	14.5	24.5	13	13.5	9.5
7	SUBTOTAL CLIN LABOR PER STAFF TYPE	LO33A	Labtech	10	4	10	0	4	0
8	SUBTOTAL CLIN LABOR PER STAFF TYPE	LO37B	Histotech	20	10.5	14.5	13	9.5	9.5
9	TOTAL PRE-SERV CLINICAL LABOR TIME	LO33A	Labtech	10	4	10	0	4	0
10	TOTAL SERVICE PERIOD CLIN LABOR TIME	LO37B	Histotech	15	10.5	9.5	13	9.5	9.5
11	TOTAL POST-SERV CLINICAL LABOR TIME	LO37B	Histotech	5	0	5	0	0	0
12	PRE-SERVICE								
13	Start: When containers/requisitions prepared for physician								
14	Accession specimen/prepare for examination	LO33A	Labtech		4	0		4	0
15	Prepare room. Filter and replenish stains and supplies (including setting up grossing station with colored stains)	LO33A	Labtech	10	0	10			
16	End: When specimen is ready for examination by pathologist								
17	SERVICE PERIOD								
18	Start: When specimen is ready for examination by pathologist								
19	Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections)	LO37B	Histotech	7	3	3	5	3	3
20	Process specimen for slide preparation (includes staining, coverslipping, quality control function, maintaining specimen tracking, logs and labeling)	LO37B	Histotech	6	6	6	6	6	6
21	Assemble and deliver slides with paperwork to pathologists	LO37B	Histotech	2	0.5	0.5	2	0.5	0.5
22	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	LO37B	Histotech		1			0	
23	End: When specimen examination by pathologist is complete								
24	POST-SERVICE Period								
25	Start: When specimen examination by pathologist is complete								
26	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	LO37B	Histotech	5		5			0
27	End: When specimen, chemical waste and record handling is complete								
28	MEDICAL SUPPLIES	Code	Unit						
29	gloves, non-sterile, nitrile	SB023	pair	2	2	2	2	2	2
30	gown, staff, impervious	SB027	item	2	2	2	2	2	0
31	lab coat, staff	SB030	item	0	0	0	0	0	0
32	mask, surgical, with face shield	SB034	item	2	2	2			
33	scalpel, safety, surgical, with blade (#10-20)	SF047	item	1	1	1	1	1	1
34	eye shield, non-fog	SG049	item	0	0	0			
35	bleach	SL020	ml	50	50	50			
36	cover slip, glass	SL030	item	10	10	4	10	10	4
37	label for microscope slides	SL085	item	10	10	4	10	10	4
38	mounting media (Histomount)	SL095	ml	1	1	0.4	1	1	0.4
39	slide, microscope	SL122	item	10	4	4	10	4	4
40	stain, frozen section, H&E (1ml per slide)	SL134	ml		1	0		1	0
41	stain, quick differential (5ml per slide)	SL139	ml	5	5	20	5	5	20
42	kit, stain, H&E	SL231	kit	0.1	0	0	0.1	0	0
43	ethanol, 95%	SL248	ml	50	50	50	50	50	50
44	Marking Dyes	SL470	ml	4	4	0			0
45	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	4	4	4	1	1	1
46	Equipment	Code	Unit						
47	grossing station w-heavy duty disposal	EP015		10	10	10	10	10	10
48	microscope, compound	EP024		25	25	25	20	20	20

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
**\*CMS High Expenditure Procedures\***

April 2016

**Tumor Immunohisto-chemistry**

In the Proposed Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT codes 88360 and 88361 were among the codes under this high expenditure screen for which CMS sought recommended values from the RUC and other interested stakeholders,

***88360 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual***

The RUC reviewed the survey results from 60 practicing pathologists and cytopathologists and recommends 23 minutes of intra-service time. The RUC then reviewed the survey respondents' estimated physician work values and noted that the survey's 25<sup>th</sup> percentile work RVU of 0.85, lower than the current work RVU of 1.10, is appropriate for this code. To justify a work value of 0.85, the RUC compared the surveyed code to the top key reference code 88342 *Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure* (work RVU= 0.70, intra time= 25 minutes) and agreed that code 88360 is a more intense procedure than code 88342; although it has slightly less intra-service time, it should be valued higher. With code 88342, the physician is only giving a positive or negative result. Whereas in code 88360 the physician must, in addition to reporting the result, also give a quantitative or semi-quantitative analysis of the number of positive cells.

To corroborate this assertion, the RUC, noting the drop in intra-service time and the change in intensity since the previous valuation, had a significant discussion regarding the rise in intensity due to a lower survey time.. In 2010, practice guidelines were published by the American Society of Clinical Oncology and the College of American Pathologists regarding the reporting of estrogen and progesterone receptor results. Prior to the guidelines, there was no consensus as to what constituted a positive result. Now physicians are now required to do the following: report a percentage of positive cells, indicate whether the staining is weak, moderate or strong, check the length and type of fixation and document the status of internal and external control tissue. All of this was not required when the code was last reviewed in 2004. Given this robust set of clinical information, the RUC confirmed that the intensity has increased and the recommended value is appropriately higher than the top key reference service. **The RUC recommends a work RVU of 0.85 for CPT code 88360.**

**88361 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology**

The RUC reviewed the survey results from 53 practicing pathologists and cytopathologists and recommends 25 minutes of intra-service time. The RUC then reviewed the survey respondents' estimated physician work values and noted that the survey's 25<sup>th</sup> percentile work RVU of 0.95, lower than the current work RVU of 1.18, is appropriate for this code. To justify a work value of 0.95, the RUC compared the surveyed code to the top two key reference codes 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology* (work RVU= 1.00, intra time= 25 minutes) and 88342 *Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure* (work RVU= 0.70, intra time= 25 minutes) and agreed that the work involved in code 88361 is more analogous to code 88121 than code 88342. The surveyed code and code 88121 both contain similar physician work in that both use computer-assisted technology and include morphometry. The second key reference code contains neither element. Additionally, the top key reference code and the surveyed code are also more intense procedures because the findings result in direct therapeutic intervention.

In addition to discussing the issue of increased intensity for this service due to the lower survey time, which is covered in the discussion above for code 88360, the RUC also noted that the physician work is greater for code 88361 compared to 88360, even though computer-assisted technology is involved. With the aid of the computer, the physician is able to review many more cells compared to the manual approach. Furthermore, the computer does not just produce the answers. The physician must still check the staining intensity, review fixation and ensure the technologist set the gait correctly in order to identify the correct target area. Given this information, the RUC agreed that the recommend value is appropriate relative to both the top key reference service and the other manual procedure (88360) in the family. **The RUC recommends a work RVU of 0.95 for CPT code 88361.**

**Practice Expense:**

The RUC approved the direct practice expense inputs with the specialty society's' modifications as approved by the Practice Expense Subcommittee.

**Work Neutrality**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	XXX	0.85
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	XXX	0.95



**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 88360      Tracking Number

Original Specialty Recommended RVU: **0.85**  
Presented Recommended RVU: **0.85**  
RUC Recommended RVU: **0.85**

Global Period: XXX

CPT Descriptor: Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 54 year female has invasive ductal carcinoma of the breast diagnosed on needle biopsy. Estrogen receptor stained slides from the patient's specimen, along with reference positive and negative samples, are examined to determine if the staining process is interpretable. The estrogen receptor stain is positive and a semiquantitative or quantitative interpretation is manually 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?

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtain and review history and diagnostic studies, including examination of previous study reports. Interpret hematoxylin and stained slides to determine if a semiquantitative or quantitative procedure can be accurately performed and is warranted. Perform semiquantitative or quantitative interpretation of the estrogen receptor stain. Compare to internal and external control tissue staining and correlate with previous study reports. Consider relevant exceptions or variations, such as the impact of tumor heterogeneity on the interpretation. Identify clinically meaningful findings, dictate report, review, edit, and sign out the final report.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Jonathan Myles, MD, Swati Mehrotra, MD, Roger McLendon, MD				
<b>Specialty(s):</b>	College of American Pathologists, American Society of Cytopathology				
<b>CPT Code:</b>	88360				
<b>Sample Size:</b>	3500	<b>Resp N:</b>	60	<b>Response:</b> 1.7 %	
<b>Description of Sample:</b>	Random Sample				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	5.00	30.00	<b>57.00</b>	131.00	1000.00
<b>Survey RVW:</b>	0.55	0.85	<b>1.00</b>	1.10	2.80
<b>Pre-Service Evaluation Time:</b>			<b>0.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	5.00	14.00	<b>23.00</b>	33.00	60.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*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

<b>CPT Code:</b>	88360	<b>Recommended Physician Work RVU: 0.85</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>23.00</b>			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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
88342	XXX	0.70	RUC Time

CPT Descriptor Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure

**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
76700	XXX	0.81	RUC Time	1,012,962

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	RUC Time	299,067

CPT Descriptor 2 Bone and/or joint imaging; whole body

Other Reference CPT Code	Global	Work RVU	Time Source
92012	XXX	0.92	RUC Time

CPT Descriptor Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

**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: 21.6 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 10      % of respondents: 16.6 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>88360</u>	Top Key Reference CPT Code: <u>88342</u>	2nd Key Reference CPT Code: <u>88368</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	23.00	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
<b>Median Total Time</b>	<b>23.00</b>	<b>25.00</b>	<b>30.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.67	-0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.67	0.00
Urgency of medical decision making	0.33	1.00
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.67	1.00
Physical effort required	0.00	0.50
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.33	0.50

Outcome depends on the skill and judgment of physician	0.33	1.00
Estimated risk of malpractice suit with poor outcome	0.00	1.50
<b><u>INTENSITY/COMPLEXITY MEASURES</u></b>		
<b><u>Time Segment (Mean)</u></b>	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
Overall intensity/complexity	1.00	0.50

### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In the 2016 NPRM, the CMS identified CPT Code 88360 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen* as potentially misvalued on the High Expenditure by Specialty Screen. The RUC requested this service be surveyed for physician work and the practice expense reviewed at the April 2016 RUC meeting. The College of American Pathologists (CAP) and the American Society of Cytopathology (ASC) reviewed this code as well as CPT Code 88361 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology.*

The CAP and the ASC performed a joint random survey on its respective memberships. The RUC's Research Subcommittee approved a change in the current standard physician work survey that removed questions about pre-service or post-service physician work for these services. A total of 60 surveys were received, which demonstrated a median time of 23 minutes, a 25<sup>th</sup> percentile WRVU of 0.85, and a median WRVU of 1.00. The key reference service was 88342 *Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure*, which has a time of 25 minutes and a WRVU of 0.70. CPT Code 88360 is currently valued at 1.10 WRVUs with 35 minutes of intra-service time.

The CAP and the ASC convened an expert panel composed of their respective Economic and Regulatory Affairs Committee members to review the survey analysis. Based on the results, the expert panel concluded that the survey results best supported the median time of 23 minutes and the 25<sup>th</sup> percentile WRVU of 0.85. These values reflect the increase in the intensity and complexity that occurred since the last time this code was valued due to the adoption of the ASCO/CAP guidelines in the performance of estrogen receptor testing. Furthermore, the survey analysis showed that 88360 should be more intense than the key reference service 88342 because the average score on the comparison of the overall intensity and complexity was 1.00, corresponding with a somewhat more intense service. This maintains relative value because there is no morphometric analysis in 88342, but there is a morphometric analysis performed in 88360 in addition to the immunohistochemical stain. The specialty survey results are shown below.

Random Membership Survey	Email #	Median Time	Median WRVU
ASC Member Random Sample	350	30	1.00
CAP Member Random Sample	3,150	20	1.00
<b>Total Surveyed/Respondents</b>	<b>3,500</b>	<b>23</b>	<b>1.00</b>

The expert panel agreed and recommends the median physician time and the 25<sup>th</sup> percentile WRVU survey results for CPT Code 88360. The expert panel recommends a WRVU of 0.85 with a time of 23 minutes.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Typically this service may be used for the study and assessment after an 88305, in breast cancer patients.

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) 88360

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Independent Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 661252

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 RUC Database indicates 330,626 claims for 2014. Medicare procedures represent approximately 50% of the total volume for pathology procedures (330,626\*2=661,252). Percentages are from the RUC database for the year 2014 and reflect the 26 modifier which accounts for 74% of the total volume.

Specialty Pathology Frequency 589176 Percentage 89.10 %

Specialty Independent Laboratory Frequency 69894 Percentage 10.56 %

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? 330,626 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 RUC Database indicates 59,382 claims

for 2014. Percentages are from the RUC database for the year 2014 and reflect the 26 modifier which accounts for 74% of the total volume

Specialty Pathology	Frequency 294588	Percentage 89.10 %
Specialty Independent Laboratory	Frequency 34947	Percentage 10.56 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Lab tests

BETOS Sub-classification Level II:

Other (MPFS)

### **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 88360

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: 88361      Tracking Number

Original Specialty Recommended RVU: **1.00**  
Presented Recommended RVU: **0.95**  
RUC Recommended RVU: **0.95**

Global Period: XXX

CPT Descriptor: Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer assisted technology

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 54 year female has invasive ductal carcinoma of the breast diagnosed on needle biopsy. Estrogen receptor stained slides from the patient's specimen, along with reference positive and negative samples, are examined to determine if the staining process is interpretable. The estrogen receptor stain is positive and a semiquantitative or quantitative interpretation is performed using a computer assisted methodology

Percentage of Survey Respondents who found Vignette to be Typical: 96%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtain and review history and diagnostic studies, including examination of previous study reports. Review hematoxylin and eosin stained slides to determine if a semiquantitative or quantitative procedure can be accurately performed and is indicated. The pathologist reviews machine calibration and quality control data and gating of areas that are counted by the machine. Perform semiquantitative or quantitative analysis of the estrogen receptor staining and correlate with the computer generated data. Account for discrepancies with computer generated data and consider re-testing. . Compare to and comment on internal and external control tissue staining. Consider relevant variations, such as the impact of tumor heterogeneity on the interpretation. Identify clinically meaningful findings, dictate, review, and sign out the final report.

Description of Post-Service Work: N/A



**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Jonathan Myles, MD, Swati Mehrotra, MD, Roger McLendon, MD				
<b>Specialty(s):</b>	College of American Pathologists, American Society of Cytopathology				
<b>CPT Code:</b>	88361				
<b>Sample Size:</b>	3500	<b>Resp N:</b>	53	<b>Response:</b> 1.5 %	
<b>Description of Sample:</b>	Random Sample				
	<u>Low</u>	<u>25<sup>th</sup> pctl</u>	<u>Median*</u>	<u>75<sup>th</sup> pctl</u>	<u>High</u>
<b>Service Performance Rate</b>	1.00	30.00	<b>60.00</b>	180.00	650.00
<b>Survey RVW:</b>	0.70	0.95	<b>1.00</b>	1.25	2.80
<b>Pre-Service Evaluation Time:</b>			<b>0.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	5.00	15.00	<b>25.00</b>	35.00	60.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	88361	<b>Recommended Physician Work RVU: 0.95</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>25.00</b>			
Please, pick the <u>post-service</u> 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				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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
88121	XXX	1.00	RUC Time

CPT Descriptor Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

**SECOND HIGHEST 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

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.99	RUC Time	17,220

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	RUC Time	255,217

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
78453	XXX	1.00	RUC Time

CPT Descriptor 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)

**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: 26.4 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8      % of respondents: 15.0 %

**TIME ESTIMATES (Median)**

	CPT Code: <u>88361</u>	Top Key Reference CPT Code: <u>88121</u>	2nd Key Reference CPT Code: <u>88342</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	25.00	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
<b>Median Total Time</b>	<b>25.00</b>	<b>25.00</b>	<b>25.00</b>
Other time if appropriate			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<u>Top Key Ref Code</u>	<u>2<sup>nd</sup> Key Ref Code</u>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.67	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.67	1.00
Urgency of medical decision making	0.33	1.00
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.67	1.00
Physical effort required	0.00	0.00

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.33	1.00
Outcome depends on the skill and judgment of physician	0.33	1.00
Estimated risk of malpractice suit with poor outcome	0.00	2.00

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.00	0.00
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

In the 2016 NPRM, the CMS identified CPT Code 88361 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology* as potentially misvalued on the High Expenditure by Specialty Screen. The RUC requested this service be surveyed for physician work and the practice expense reviewed at the April 2016 RUC meeting. The College of American Pathologists (CAP) and the American Society of Cytopathology (ASC) reviewed this code as well as CPT Code 88360 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen*.

The CAP and the ASC performed a joint random survey on its respective memberships. The RUC's Research Subcommittee approved a change in the current standard physician work survey that removed questions about pre-service or post-service physician work for these services. A total of 53 surveys were received, which demonstrated a median time of 25 minutes, a 25<sup>th</sup> percentile of 0.95, and a median WRVU of 1.00. The key reference service was 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology*, which has a time of 25 minutes and a WRVU of 1.00. CPT Code 88361 is currently valued at 1.18 with 40 minutes of intra-service time.

The CAP and the ASC convened an expert panel composed of their respective Economic and Regulatory Affairs Committee members to review the survey analysis. Based on the results, the expert panel concluded that the survey results best supported the median time of 25 minutes and the median WRVU of 1.00. This would be identical to the key reference service 88121, which is a similar computer-assisted service. The survey respondents found the surveyed code to be more intense than this key reference service. The same expert panel is concurrently recommending a time of 23 minutes and a WRVU of 0.85 for CPT Code 88360 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen*. In comparison to 88360, 88361 should take slightly more time and be slightly more intense because the physician is typically evaluating more cells and makes more decisions with 88361 compared to 88360. Using the 25<sup>th</sup> percentile WRVU of 0.95 would make the IWP/UT of both 88361 and 88360 equal to each other, and this would create a rank order discrepancy. Therefore, **the expert panel recommends a time of 25 minutes and a WRVU of 1.00.** The specialty survey results are shown below.

Random Membership Survey	Email #	Median Time	Median WRVU
ASC Member Random Sample	350	30	1.20
CAP Member Random Sample	3,150	23	1.00
<b>Total Surveyed/Respondents</b>	3,500	25	1.00

The expert panel agreed to preserve proper rank order amongst these services and therefore recommends the median physician time and the median work RVU survey results for CPT code 88361. The expert panel recommends a WRVU of 1.00 with a time of 25 minutes for CPT code 88361.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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) Typically this service may be used for the study and assessment after an 88305, in breast cancer patients.

- 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) 88361

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology                      How often? Commonly

Specialty Independent Laboratory                      How often? Sometimes

Specialty                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 282454

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2016 RUC Database indicates 141,227 claims for 2014. Medicare procedures represent approximately 50% of the total volume for pathology procedures (141,227\*2=282,454). Percentages are from the RUC database for the year 2014 and reflect the 26 modifier which accounts for 73% of the total volume.

Specialty Pathology                      Frequency 233702                      Percentage 82.73 %

Specialty Independent Laboratory	Frequency 48413	Percentage 17.14 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?  
141,227 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.  
Please explain the rationale for this estimate. The Medicare volume from the 2016 RUC Database indicates 330,626 claims for 2014. Percentages are from the RUC database for the year 2014 and reflect the 26 modifier which accounts for 73% of the total volume

Specialty Pathology	Frequency 116851	Percentage 82.73 %
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Specialty Independent Laboratory	Frequency 24206	Percentage 17.13 %
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Specialty	Frequency 0	Percentage 0.00 %
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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:

Lab tests

BETOS Sub-classification Level II:

Other (MPFS)

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### **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 88361

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**ISSUE:** Tumor Immunohistochemistry (88360 and 88361)

**TAB:** 40

Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST
					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	
1st REF	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	13	0.028			0.70			25						25			
2nd REF	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe	10	0.029			0.88			30						30			
CURRENT	88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone		0.031			1.10			35						35			
SVY	88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone	60	0.043	0.55	0.85	1.00	1.10	2.80	23				5	14	23	33	60	
REC	88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone		0.037	0.85					23						23			

**ISSUE: Tumor Immunohistochemistry (88360 and 88361)**

**TAB: 40**

Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST
					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	
1st REF	88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis. 3-5	14	0.040			1.00			25						25			
2nd REF	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	8	0.028			0.70			25						25			
CURRENT	88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone		0.030			1.18			40						40			
SVY	88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone	53	0.040	0.70	0.95	1.00	1.25	2.80	25				5	15	25	35	60	
REC	88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone		0.038	0.95					25						25			



## Summary of ASCO/CAP ER and PgR Guideline Recommendations

### Optimal algorithm for ER/PgR testing

**Recommendation:**

Positive for ER or PgR if finding of  $\geq 1\%$  of tumor cell nuclei are immunoreactive.

Negative for ER or PgR if finding of  $< 1\%$  of tumor cell nuclei are immunoreactive in the presence of evidence that the sample can express ER or PgR (positive intrinsic controls are seen).

Uninterpretable for ER or PgR if finding that no tumor nuclei are immunoreactive and that internal epithelial elements present in the sample or separately submitted from the same sample lack any nuclear staining.

**Comments:**

These definitions depend on laboratory documentation of the following:

1. Proof of initial validation in which positive ER or PgR categories are 90% concordant and negative ER or PgR categories are 95% concordant with a clinically validated ER or PgR assay.
2. Ongoing internal QA procedures, including use of external controls of variable ER and PgR activity with each run of assay, regular assay reassessment, and competency assessment of technicians and pathologists.
3. Participation in external proficiency testing according to the proficiency testing program guidelines.
4. Biennial accreditation by valid accrediting agency.

### Optimal testing conditions

**Recommendation:**

Large, preferably multiple core biopsies of tumor are preferred for testing if they are representative of the tumor (grade and type) at resection.

**Comments:**

Specimen should be rejected and testing repeated on a separate sample if any of the following conditions exist:

1. External controls are not as expected (scores recorded daily show variation).
2. Artifacts involve most of sample.

Specimen may also be rejected and testing repeated on another sample if:

1. Slide has no staining of included normal epithelial elements and/or normal positive control on same slide.
2. Specimen has been decalcified using strong acids.
3. Specimen shows an ER-negative/PgR-positive phenotype (to rule out a false-negative ER assay or a false-positive PgR assay).
4. Sample has prolonged cold ischemia time or fixation duration,  $< 6$  hours or  $> 72$  hours and is negative on testing in the absence of internal control elements.

**Recommendation:**

Interpretation follows guideline recommendation.

**Comments:**

Positive ER or PgR requires that  $\geq 1\%$  of tumor cells are immunoreactive. Both average intensity and extent of staining are reported. Image analysis is a desirable method of quantifying percentage of tumor cells that are immunoreactive.

H score, Allred score, or Quick score may be provided.

Negative ER or PgR requires  $< 1\%$  of tumor cells with ER or PgR staining. Interpreters have method to maintain consistency and competency documented regularly.

Accession slip and report must include guideline-detailed elements.

**Recommendation:**

Accession slip and report must include guideline-detailed elements.

# Summary of ASCO/CAP ER and PgR Guideline Recommendations

## Optimal tissue handling requirements\*

\*Revised per the 2011 ASCO/CAP Clinical Notice on HER2 and ER/PgR

### Recommendation:

Time from tissue acquisition to fixation should be ≤ one hour. Samples for ER and PgR testing are fixed in 10% NBF for 6–72 hours. Samples should be sliced at 5-mm intervals after appropriate gross inspection and margins designation and placed in sufficient volume of NBF to allow adequate tissue penetration. If tumor comes from remote location, it should be bisected through the tumor on removal and sent to the laboratory immersed in a sufficient volume of NBF. Cold ischemia time, fixative type, and time the sample was placed in NBF must be recorded.

As in the ASCO/CAP HER2 guideline, storage of slides for more than 6 weeks before analysis is not recommended.

Time tissue is removed from patient, time tissue is placed in fixative, duration of fixation, and fixative type must be recorded and noted on accession slip or in report.

## Optimal internal validation procedure

### Recommendation:

Validation of any test must be done before test is offered. See separate article on testing validation (Fitzgibbons et al<sup>1</sup>).

Validation must be done using a clinically validated ER or PgR test method.

Revalidation should be done whenever there is a significant change to the test system, such as a change in the primary antibody clone or introduction of new antigen retrieval or detection systems.

## Optimal internal QA procedures

### Recommendation:

Initial test validation. See separate article on testing validation (Fitzgibbons et al<sup>1</sup>).

Ongoing quality control and equipment maintenance.

Initial and ongoing laboratory personnel training and competency assessment.

Use of standardized operating procedures including routine use of external control materials with each batch of testing and routine evaluation of internal normal epithelial elements or the inclusion of normal breast sections on each tested slide, wherever possible.

Regular, ongoing assay reassessment should be done at least semiannually (as described in Fitzgibbons et al<sup>1</sup>). Revalidation is needed whenever there is a significant change to the test system.

Ongoing competency assessment and education of pathologists.

## Optimal external proficiency assessment

### Recommendation:

Mandatory participation in external proficiency testing program with at least two testing events (mailings) per year.

Satisfactory performance requires at least 90% correct responses on graded challenges for either test.

### Comments:

Unsatisfactory performance will require laboratory to respond according to accreditation agency program requirements.

## Optimal laboratory accreditation

### Recommendation:

On-site inspection every other year with annual requirement for self-inspection.

### Comments:

Reviews laboratory validation, procedures, QA results and processes, and reports.

Unsuccessful performance results in suspension of laboratory testing for ER or PgR.

Abbreviations: ER, estrogen receptor; PgR, progesterone receptor; IHC, immunohistochemistry; QA, quality assurance; NBF, neutral buffered formalin; ASCO, American Society of Clinical Oncology; CAP, College of American Pathologists; HER2, human epidermal growth factor receptor 2.

1. Fitzgibbons PL, Murphy DA, Hammond ME, et al. Recommendations for validating estrogen and progesterone receptor immunohistochemistry assays. *Arch Pathol Lab Med*. 2010;134:930–935.

**AMA/Specialty Society RVS Update Committee (RUC)  
Financial Disclosure Statement For  
Specialty Society Presenters**

I certify that my personal or my family members'\* direct financial interest in, and my personal or my family members' affiliation with or involvement in any organization or entity with a direct financial interest in the development of relative value recommendations in which I am participating are noted below. Otherwise, my signature indicates I have no such direct financial interest or affiliation with an organization with a direct financial interest, other than providing these services in the course of patient care.

For purposes of this disclosure "direct financial interest" means:

- A financial ownership interest in an organization\*\* of 5% or more; or
- A financial ownership interest in an organization\*\* which contributes materially\*\*\* to your income; or
- Ownership of stock options in an organization\*\*; or
- A position as proprietor, director, managing partner, or key employee in an organization\*\*; or
- Serve as a consultant, researcher, expert witness (excluding professional liability testimony), speaker or writer for an organization\*\* or participate in a clinical trial that involves the services being reviewed, where payment contributes materially\*\*\* to your income.

*\*Family member means spouse, domestic partner, parent, child, brother or sister. Disclosure of family member's interest applies to the extent known by the representative or presenter..*

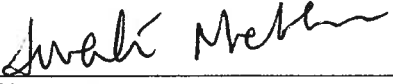
*\*\* Organization means any entity that makes or distributes the product that is utilized in performing the service, and not the physician group or facility in which you work or perform the service.*

*\*\*\*Materially means \$10,000 or more in income (excluding any reimbursement for expenses) for the past twenty-four months.*

**Include only interests that relate to the specific issue that you are presenting at this RUC meeting.**

Specific Disclosure (i.e., list organization)	Explain relationship between the service(s) that you are presenting and your disclosure	Identify interest for the past 24 months (circle one)	Identify cumulative lifetime interest (circle one)	If disclosure relates to stock, please list number of shares owned, options or warrants
N/A		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 39, Pathology Consultation During Surgery – 88333 and 88334  
Tab 40 Tumor Immunohistochemistry - 88360 and 88361

  
Signature

April 5, 2016  
Date

Swati Mehrotra, MD  
Print Name

American Society of Cytopathology\_\_\_\_  
Specialty Society

**Tabs 39 and 40**

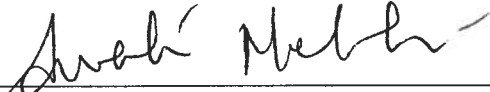
**Issue**  
**Pathology Consultation During Surgery**  
**Tumor Immunohistochemistry**

**Code Range**  
**(88333, 88334)**  
**(88360, 88361)**

**Attestation Statement**

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

  
\_\_\_\_\_  
Signature

Swati Mehrotra, MD  
Printed Signature

American Society of Cytopathology  
Specialty Society

\_\_\_\_April 5, 2016  
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.

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- 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\*\*;
- A position as proprietor, director, managing partner, or key employee in an organization\*\*;
- Serve as a consultant, researcher, expert witness (excluding professional liability testimony), speaker or writer for an organization\*\* or participate in a clinical trial that involves the services being reviewed, where payment contributes materially\*\*\* to your income.

*\*Family member means spouse, domestic partner, parent, child, brother or sister. Disclosure of family member's interest applies to the extent known by the representative or presenter..*

*\*\* Organization means any entity that makes or distributes the product that is utilized in performing the service, and not the physician group or facility in which you work or perform the service.*

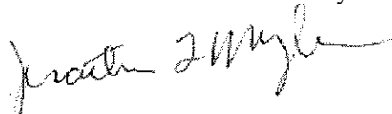
*\*\*\*Materially means \$10,000 or more in income (excluding any reimbursement for expenses) for the past twenty-four months.*

**Include only interests that relate to the specific issue that you are presenting at this RUC meeting.**

Specific Disclosure (i.e., list organization)	Explain relationship between the service(s) that you are presenting and your disclosure	Identify interest for the past 24 months (circle one)	Identify cumulative lifetime interest (circle one)	If disclosure relates to stock, please list number of shares owned, options or warrants
N/A		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 39, Pathology Consultation During Surgery – 88333 and 88334

Tab 40 Tumor Immunohistochemistry - 88360 and 88361



Signature

Date

April 5, 2016

Jonathan Myles, MD  
Print Name

College of American Pathologists  
Specialty Society

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Facility Direct Inputs**

CPT Long Descriptor:

88360 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual

88361 - Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The practice expense of these codes was reviewed and approved by the RUC in April 2014. The 2016 NPRM identified these codes as potentially misvalued because their direct practice expense had not been reviewed alongside their WRVU and time. Hence these codes are being reviewed along with WRVU and time at the request of RUC. The CAP and ASC created an expert panel to once again review the direct practice expense inputs for 88333 and 88334. Individuals with expertise and those who perform these services were consulted through a series of conference calls in order to refine practice expense inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The technical component of these services are typically and almost exclusively provided in the non-facility setting, the CAP recommends no direct practice expense inputs in the facility setting.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

**CPT Code: \_88360-1**  
**Specialty Society('s)\_CAP and ASC**

None

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor:

88360 - *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual*

88361 - *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology*

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

In the 2016 NPRM, the CMS identified these codes as potentially misvalued on the High Expenditure by Specialty Screen. The RUC requested these services be surveyed for physician work and the practice expense reviewed at the April 2016 RUC meeting. The College of American Pathologists (CAP) and the American Society of Cytopathology (ASC) created an expert panel to review the direct practice expense inputs for 88360 and 88361. The expert panel was composed of individuals who perform these services or who have other relevant expertise with the codes, and was consulted through a series of conference calls in order to refine practice expense inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: April 2014 RUC recommended inputs and the current PE direct inputs are used as a reference

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: The CAP and the ASC are requesting more time (2 minutes) than the RUC approved in 2014, because there were two tasks not originally included that have been added. The two tasks that were not included are calibration, start-up, and shutdown of the imager (1 minute), and gating the cells to be counted by the image analyzer (1 minute).

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: The expert panel is recommending inputs that reflect the typical patient scenario. The CMS made several edits to the inputs from the April 2014 RUC recommended inputs. The expert panel has identified these differences and in many cases is again recommending direct inputs from the April 2014 RUC recommendations. The CMS' rationale or methodology for many of their edits is flawed, and the specialty's rationale for a change is either explained on the spreadsheet or will be explained at RUC presentation. In addition, the CAP and the ASC are requesting more time (2 minutes) than the RUC approved in 2014, because there were two tasks not originally included that have been added. The two tasks that were not included are calibration, start-up, and shutdown of the imager (1 minute), and gating the cells to be counted by the image analyzer (1 minute).



5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The lab technician receives the immunohistochemical (IHC) stain order and adds the order to the case in the laboratory information system. The histotechnologist pulls and verifies tissue block contains adequate tissue, and then prepares a positive control block. Preparation of the control block includes the following: taking the cassette out of embedding chamber, opening the cassette, putting paraffin in the bottom of the embedding mold, embedding the tissue, putting the cassette on top of mold and filling the mold with paraffin, putting the mold on cold plate, removing the embedded cassette out of mold and transferring to cutting cold plate, adding additional paraffin to the embedding melting pot, and cleaning the embedding center.

The histotechnologist then cuts patient tissue and places the tissue on a slide. This includes the following steps: scan the tissue block bar code and print labeled slides, section paraffin block on microtome, place section in water bath, mount floated section from water bath onto slides, change knife, rough-cut block, and clean the water bath surface using Kim-Wipes. The histotechnologist then cuts positive control tissue and places the tissue on a slide, places the slides in oven to dry for 60 minutes, sets timer, and removes slides from oven.

The histotechnologist enters detailed patient data, selects antibodies to be tested, and generates and applies bar codes for automated IHC slide stainer to the slides. The histotechnologist then loads the primary antibody (and a secondary antibody if applicable), detection kit dispensers, and required reagents onto the reagent tray and places the tray on the automated slide stainer. The slides are loaded onto the automated slide stainer and the stainer is started. The technologist verifies that the instrument starts correctly.

The lab technician then removes slides from automated slide stainer and rinses the slides in soapy water to remove the coverslip material. The slides are loaded into a basket and then are dehydrated through progressive alcohols, cleared with xylene, and glass coverslipped by hand with permanent mounting media. The histotechnologist then reviews positive and negative control slides and completes workload recording logs. The slides are sorted by pathologist, placed into slide holders, and delivered to pathologist with a quality control sheet.

88361 includes the above plus:

The histotechnologist performs instrument calibration and instrument quality control during start up and shutdown of the imaging instrument. The case is also accessioned into the cellular imaging system. The slides are labeled and loaded into the imaging instrument. The histotechnologist gates the areas to be counted by the machine and the run is initiated. In some cases, the technician will take the recut slide back to the original pathologist and ask for the tumor to be identified on the slide.

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

The histotechnologist refills the block and unloads and stores antibodies, detection kits and reagents. The lab technician cleans the equipment and the work station in histology lab, disposes of hazardous waste, and recycles xylenes.

	A	B	C	D	E	F	G	H	I
1				April 2014 RUC	2016 CMS Inputs	April 2016 REC	April 2014 RUC	2016 CMS Inputs	April 2016 REC
2				88360	88360	88360	88361	88361	88361
3	Meeting Date: April 2016 Tab: 40 Specialty: Pathology  REVISED - CMS Inputs - placement of post service CL Activities	CMS	Staff	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology
4	LOCATION	Code	Type	Non Facility	Non Facility	Non Facility	Non Facility	Non Facility	Non Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L033A/L037B-D		34.15	28.15	32.15	34.15	28.15	35.15
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L033A	Lab Tech	4.00	4.00	4.00	4.00	4.00	4.00
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037B	Histo Tech	19.15	15.15	18.15	19.15	15.15	21.15
9	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037B	Histo Tech	0.00	7.00	0.00	0.00	2.00	0.00
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.00	1.00	0.00	0.00	0.00	0.00
11	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L033A	Lab Tech	0.00	1.00	0.00	0.00	0.00	0.00
12	TOTAL POST-SERV CLINICAL LABOR TIME	L033A	Lab Tech	6.00	0.00	6.00	6.00	5.00	6.00
13	TOTAL POST-SERV CLINICAL LABOR TIME	L037B	Histo Tech	5.00	0.00	4.00	5.00	2.00	4.00
14	PRE-SERVICE								
15	Start: When containers/requisitions prepared for physician								
16	Verify order and accession immunohistochemical stain order in laboratory information system	L033A	Lab Tech	1	1	1	1	1	1
17	Pull and verify tissue block and control block	L037B	Histotech	1	1	1	1	1	1
18	Prepare positive control block to include the following: Confirm control tissue ID. Embed tissue in paraffin. Take cassette out of embedding chamber, open cassette, put paraffin in bottom of embedding mold, embed tissue, put cassette on top of mold and fill mold with paraffin. Put mold on cold plate. Take embedded specimen out of mold, transfer to cutting cold plate. Add paraffin to embedding melting pot and clean embedding center.	L037B	Histotech	0.15	0.15	0.15	0.15	0.15	0.15
19	Cut patient tissue and place on slide-to include the following: - Section paraffin block in microtome, place section in water bath; label and place on microscopic slide from waterbath includes change and insert knife, rough-cut block.	L037B	Histotech	3	3	3	3	3	3
20	Cut positive control tissue and place on slide	L037B	Histotech	3	3	3	3	3	3
21	Cut patient tissue and place on negative control slide	L037B	Histotech	1	1	1	1	1	1
22	Place slides in oven and incubate for 60 minutes, remove from oven, set timer	L033A	Lab Tech	1	1	1	1	1	1
23	Enter patient data, computational prep for antibody testing, generate and apply bar codes to slides, and enter data for automated slide stainer	L037B	Histotech	5	1	5	5	1	5
24	Load the primary antibody (load secondary if applicable), detection kit dispensers and required reagents onto the reagent tray and place the tray on the automated slide stainer. Load the slides onto the automated slide stainer, and start stainer. Prime machine with reagents.	L037B	Histotech	3	3	3	3	3	3
25	Remove slides from automated slide stainer. Rinse slides in soapy water to remove the coverslip material. Load slides on to cover rack.	L033A	Lab Tech	1	1	1	1	1	1
26	Dehydrate to xylene through progressive alcohols, clear and coverslip by hand with permanent mounting media	L033A	Lab Tech	1	1	1	1	1	1
27	Review positive and negative control slides	L037B	Histotech	1	1	1	1	1	1
28	Performing instrument calibration, instrument qc and start up and shutdown.	L037B	Histotech						1
29	Load slides on automatic image analyzer.	L037B	Histo Tech	1	1		1	1	1
30	Gate areas to be counted by the machine.	L037B	Histo Tech						1
31	Complete workload recording logs. Collate slides and paperwork. Del	L037B	Histo Tech	1	1	1	1	1	1

	A	B	C	D	E	F	G	H	I
1				April 2014 RUC	2016 CMS Inputs	April 2016 REC	April 2014 RUC	2016 CMS Inputs	April 2016 REC
2				88360	88360	88360	88361	88361	88361
3	Meeting Date: April 2016 Tab: 40 Specialty: Pathology  REVISED - CMS Inputs - placement of post service CL Activities	CMS	Staff	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology
4	LOCATION	Code	Type	Non Facility	Non Facility	Non Facility	Non Facility	Non Facility	Non Facility
32	End: When specimen is ready for examination by pathologist.								
33	SERVICE PERIOD								
34	Start: When specimen is ready for examination by pathologist								
35	Refile block, unload and store antibody, detection kit and reagents	L037B	Histotech		2			2	
36	Clean equipment and work station in histology lab	L037B	Histotech		4				
37	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	L037B	Histotech		1				
38	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037D	RN/LPN/MTA		1				
39	Hazardous waste disposal	L033A	Lab Tech		1				
40	Verify results and complete work load recording logs	L037B	Histotech		0				
41	Recycle xylene from tissue processor and stainer	L033A	Lab Tech		0				
42	End: When specimen examination by pathologist is complete								
43	POST-SERVICE Period								
44	Start: When specimen examination by pathologist is complete								
45	Refile block, unload and store antibody, detection kit and reagents	L037B	Histotech	2		2	2		2
46	Clean equipment and work station in histology lab	L033A	Lab Tech	4		4	4	4	4
47	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	L037B	Histotech	1		0	1	1	0
48	Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)	L037B	Histotech	1		1	1	1	1
49	Hazardous waste disposal	L033A	Lab Tech	1		1	1	1	1
50	Verify results and complete work load recording logs	L037B	Histotech	1		1	1	0	1
51	Recycle xylene from tissue processor and stainer	L033A	Lab Tech	1		1	1	0	1
52	End: When specimen, chemical waste and record handling is complete								
53	MEDICAL SUPPLIES								
54	gloves, non-sterile, nitrile	SB023	pair	2	2	1	2	2	1
55	gown, staff, impervious	SB027	item	0.20	0.20	0.07	0.20	0.20	0.07
56	blade, microtome	SF004	item	0.3	0.3	0.3	0.3	0.3	0.3
57	Eye shield,non-fog	SG049	item	0.1	0.1	0.03	0.1	0.1	0.03
58	gauze, non-sterile 4in x 4in	SG051	item	4	4	4	4	4	4
59	Antibody Estrogen Receptor monoclonal	SL493	Test	2	2	2	2	2	2
60	Bleach	SL020	ml	10	10	3	10	10	3
61	cover slip, glass	SL030	item	3	3	3	3	3	3
62	embedding cassette	SL058	item	1	1	0	1	1	0
63	embedding mold	SL060	item	1	1	0	1	1	0
64	slide, microscope	SL122	item	3	3	3	3	3	3
65	Xylene	SL151	ml	50	50	50	50	50	50
66	100% ethanol	SL189	ml	50	50	50	50	50	50
67	95% ethanol	SL248	ml	50	50	50	50	50	50
68	E-bar labels (Ventana 1358501)	SL475	item	2	2	3	2	2	3
69	Permanent marking pen	SL477	item	0.0065	0.0065	0.0065	0.0065	0.0065	0.0065
70	Reaction buffer 10X (Ventana 950-300)	SL478	ml	6	6	6	6	6	6
71	Liquid coverslip, (Ventana 650-010)	SL479	ml	12	12	12	12	12	12

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1				April 2014 RUC	2016 CMS Inputs	April 2016 REC	April 2014 RUC	2016 CMS Inputs	April 2016 REC
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3	Meeting Date: April 2016 Tab: 40 Specialty: Pathology  REVISED - CMS Inputs - placement of post service CL Activities	CMS	Staff	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology
4	LOCATION	Code	Type	Non Facility	Non Facility	Non Facility	Non Facility	Non Facility	Non Facility
72	SSC (10X) (Ventana 950-110)	SL480	ml	4.8	4.8	4.8	4.8	4.8	4.8
73	EZ Prep (10X) (Ventana 950-102)	SL481	ml	3	3	3	3	3	3
74	Cell Conditioning 1 (Ventana 950-124)	SL482	ml	3	3	3	3	3	3
75	Hematoxylin II (Ventana 790-2208)	SL483	ml	0.2	0.2	0.2	0.2	0.2	0.2
76	Bluing reagent (Ventana 760-2037)	SL484	ml	0.2	0.2	0.2	0.2	0.2	0.2
77	Cover slip glue/Mounting media	SL485	ml	0.5	0.5	0.5	0.5	0.5	0.5
78	250 Test Prep Kit # 78 (Ventana 786-3034)	SL486	Test	1	1	2	1	1	2
79	UltraView Universal DAB Detection Kit	SL488	test	2	2	2	2	2	2
80	soap, liquid, antibacterial	SM024	oz	0.1	0.1	0.1	0.1	0.1	0.1
81	Wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	2	2	2	2	2	2
82	EQUIPMENT	CODE							
83	DNA image analyzer (ACIS)	EP001					30	30	30
84	decloaking chamber (DC2002)	EP009		0	0	0	0	0	0
85	differential tally counter, 12-channel	EP012		25	25	25			
86	grossing station w-heavy duty disposal	EP015		1	1	1	1	1	1
87	hood, fume	EP017		1	1	1	1	1	1
88	hood, ventilator with blower	EP019		1	1	1	1	1	1
89	microscope, compound	EP024		36	25	24	10	10	10
90	paraffin dispenser (two-gallon)	EP032		2	2	2	2	2	2
91	slide coverslipper, robotic	EP033		1	1	1	1	1	1
92	slide dryer	EP034		0	0	0	0	0	0
93	slide etcher-labeler	EP035		1	1	1	1	1	1
94	solvent recycling system	EP038		1	1	1	1	1	1
95	tissue embedding center	EP039		2	2	2	2	2	2
96	tissue processor	EP040		5	5	5	5	5	5
97	water bath, general purpose (lab)	EP043		7	7	7	7	7	7
98	Automated Casette Labeler	EP111		1	1	1	1	1	1
99	Benchmark ULTRA auto slide prep & E-Bar Label system	EP112		15	15	18	15	15	18
100	microtome	ER041		7	7	7	7	7	7
101	E-Bar II Barcode Slide Label System	EP113		3	3	0	3	3	0

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*\*Harvard Valued – Utilization Over 30,000\**

April 2016

**Glaucoma Provocative Tests**

In October 2015, AMA staff re-ran the Harvard valued codes with utilization over 30,000 based on 2014 Medicare claims data and this service was identified.

The specialty societies noted that they believe the increase usage is due to incorrect coding and have submitted a Coding Change Application to the CPT Editorial Panel. The RUC noted that the review of this code for potential deletion will occur at the May 2016 CPT meeting. **The RUC recommends referral of CPT code 92140 to the CPT for deletion.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
92140	Provocative tests for glaucoma, with interpretation and report, without tonography	XXX	Referral to May 2016 CPT for deletion.





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April 4, 2016

Peter Smith, M.D., Chair  
AMA Specialty Society Relative Value Update Committee  
American Medical Association  
330 North Wabash Ave., Suite 39300  
Chicago IL 60611-5885

Dear Dr. Smith,

The American Academy of Ophthalmology is writing to provide further information regarding Tab 41: CPT 92140 *Provocative tests for glaucoma, with interpretation and report, without tonography*. This code was found on the recent LOI form and previously identified as potentially misvalued with utilization over 30,000 and high growth. This code was created for historical ophthalmology services, such as placing the patient in a face down position or challenging with high water intakes to induce pressure elevations. These techniques are no longer necessary, so we were puzzled by the utilization and suspected miscoding.

Upon reviewing the RUC Database for 2016 we were interested to see that the service was performed in most cases for glaucoma in 2013 which would be appropriate. However, it was found that more than 50% were performed by primary care physicians. This was unexpected as no provocative test for glaucoma currently exists that could be used in a primary care setting. We sought information from the American College of Physicians (ACP) about why internal medicine should be using this code. No recommendation was provided by their CPT representatives. However, a search of the internet found the likely answer; the erroneous suggestion by a manufacturer, BICOM, Inc., directed to primary care to use this code for tonometry.

Tonometry is a different service than described by 92140. It is a pressure measurement that when done during an eye exam is typically bundled. The marketing information is attached for RUC review as well as a copy of our Code Change Proposal as submitted to the AMA CPT Panel. The trans-lid measurement of IOP has been suggested as important on their [website](#) and promoted for many clinical settings. However, tonometry services such as this are typically bundled with an ophthalmological exam.

We believe the increased usage of CPT 92140 is due to this incorrect coding information. After conferring with ACP, we have submitted an application to the CPT Editorial Panel for the May 2016 meeting for code deletion. If you have any questions or need additional information please contact Ms. Cherie McNett, AAO Health Policy Director at [cmcnett@aaodc.org](mailto:cmcnett@aaodc.org) or via phone at 202-737-6662.

Sincerely,

Michael X. Repka, M.D., M.B.A  
Medical Director for Government Affairs

David B. Glasser, M.D.  
RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
CMS High Expenditure Procedures  
April 2016

**Transthoracic Echocardiography (TTE)**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 93306 was identified by CMS.

**Compelling Evidence**

The specialty societies indicated that there has been a change in technique and diffusion of technology used to perform 93306. The digital evolution and more sophisticated computers allow for additional modalities to be deployed for echocardiography. The eleven different windows for each echocardiography now comprise more information per study. The physician also performs new services such as diastolic function and spectral tracking, resulting in more images. The physician now reviews 84 video loops for a typical study. Additionally, there have been many accreditation body requirements since this service was last valued, which increases the work per study. For example, the American Society of Echocardiography has published 27 different guideline/clinical recommendations. The RUC accepts compelling evidence that the work for CPT code 93306 has changed.

***93306 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography***

The RUC reviewed the survey results from 172 cardiologists for CPT code 93306 and determined that the survey 25<sup>th</sup> percentile work RVU of 1.50 appropriately accounts for the physician work required to perform this service. The RUC recommends 5 minutes of pre-service evaluation time, 20 minutes of intra-service time and 5 minutes of post-service time. The RUC agreed that the intensity for this service has increased in the last 10 years because the physician reviews more images in the same amount of time and performs additional testing such as diastolic function and spectral tracking. Part of the standard of care now includes the physician calculation of left ventricular ejection fraction in many patient populations. This is all incremental physician work that is not an automated function. The RUC agreed that there may be minor efficiencies in time for this service, however the intensity in work has been compounded by the increase in technology and the number of images to review, additional testing and calculations that the physician is now conducting.

The RUC compared 93306 to top key reference service 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* (work RVU = 1.62 and 20 minutes intra-service time). The survey respondents indicated that 93306 is somewhat more intense/complex than 78452, however the intra-service times are



identical (20 minutes). The specialty societies indicated that the higher intensity and complexity measures, likely reflect the more diverse disease processes to consider when the physician is reviewing the images. CPT code 93306 provides a non-invasive comprehensive assessment of cardiac structure and function which includes measurements performed in the course of the examination, 2-dimensional and/or M-Mode numerical data for transthoracic echocardiograms, and Doppler/color flow data. Whereas, CPT code 78452 assesses heart conditions including myocardial wall motion abnormalities with myocardial perfusion at stress and rest. The total time differences between codes 78452 and 93306 were solely based on the shorter pre- and post-service time periods, which are balanced by the difference in work RVUs.

For additional support, the RUC referenced MPC code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74 and 22 minutes intra-service) and similar service 72146 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material* (work RVU = 1.48 and 20 minutes intra-service time). **The RUC recommends a work RVU of 1.50 for CPT code 93306.**

***93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography***

The RUC reviewed the survey results from 152 cardiologists for CPT code 93307 and determined that the current work RVU of 0.92, lower than the survey 25<sup>th</sup> percentile, appropriately accounts for the physician work required to perform this service. The RUC recommends 5 minutes of pre-service evaluation time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC noted that CPT code 93307 was last RUC reviewed in 2007; since that time there have been technological and clinical advances which allow for efficient review of additional images. The Intersocietal Accreditation Commission (IAC) standards last updated in 2015 require eleven separate imaging windows, with approximately 4-5 views per window (even without color Doppler or pulse Doppler). Quantitative evaluation of cardiac structures, such as a left atrial volume, is now the expected standard. While digital technology has afforded some improvement in intra service time, the physician no longer must passively wait as videotape advances, the volume and complexity of information to evaluate in the study has increased. The RUC agreed that this appropriately explains the increased intensity that results from maintaining the work RVU while slightly reducing the intra-service time.

The RUC compared 93307 to top key reference service 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* (work RVU = 1.34 and 15 minutes intra-service time). The survey respondents indicated that 93307 is somewhat more intense/complex than 78454, however the intra-service times are identical (15 minutes). The specialty societies indicated that the intensity and complexity measures were higher for 93307, likely reflecting the more diverse disease processes to consider when the physician is reviewing the images. CPT code 93307 is a comprehensive cardiac study which includes measurements performed in the course of the examination, 2-dimensional and/or M-Mode numerical data for transthoracic echocardiograms and Doppler/color flow data. Whereas, CPT code 78454 is a planar imaging test to assess specific heart conditions including myocardial wall motion abnormalities with myocardial perfusion at stress and rest.

For additional support, the RUC referenced MPC codes 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* (work RVU = 0.99 and 15 minutes intra-service time) and 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08 and 15 minutes intra-service time). **The RUC recommends a work RVU of 0.92 for CPT code 93307.**

**93308 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

The RUC reviewed the survey results from 167 cardiologists for CPT code 93308 and determined that the current work RVU of 0.53, lower than the survey 25<sup>th</sup> percentile, appropriately accounts for the physician work required to perform this service. The RUC recommends 5 minutes of pre-service evaluation time, 10 minutes of intra-service time and 5 minutes immediate of post-service time. The RUC noted that CPT code 93308 was last RUC reviewed in 2011. This limited study is a problem-specific study, such a follow up for left ventricular ejection fraction in a patient undergoing chemotherapy. Once again, the array of tools now applied in this “limited” setting has advanced considerably since the last valuation. Use of contrast detailed analysis of regional ventricular function and quantitative assessment of ejection fraction are now routinely applied in “limited” echo studies, in stark contrast to the clinical standard at the time of the prior valuation. Additionally, while digital technology has afforded some improvement in intra service time, the volume and complexity of information the physician must evaluate for the study has increased. The RUC agreed that this appropriately explains the increased intensity that results from maintaining the work RVU while slightly reducing the intra-service time.

The RUC compared 93308 to top key reference service 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* (work RVU = 1.34 and 15 minutes intra-service time). The survey respondents indicated that 93308 is somewhat more intense/complex than 78454. The specialty societies indicated that the intensity and complexity measures were higher for 93308, likely reflecting the more diverse disease processes to consider when the physician is reviewing the images. CPT code 93308 is a cardiac study which includes measurements performed in the course of the examination, 2-dimensional and/or M-Mode numerical data for transthoracic echocardiograms and Doppler/color flow data. Whereas, CPT code 78454 is a planar imaging test to assess specific heart conditions including myocardial wall motion abnormalities with myocardial perfusion at stress and rest. CPT code 78454 requires 5 more minutes of intra-service time than 93308, which is balanced by the difference in work RVUs.

For additional support, the RUC referenced similar codes 78014 *Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)* (work RVU = 0.50 and 10 minutes intra-service time), 93882 *Duplex scan of extracranial arteries; unilateral or limited study* (work RVU = 0.50 and 10 minutes intra-service time) and 93979 *Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study* (work RVU = 0.50 and 10 minutes intra-service time). **The RUC recommends a work RVU of 0.53 for CPT code 93308.**

**Practice Expense**

The direct practice expense inputs were modified by reducing the clinical staff time in accordance with the two minute standard: line 21 *review prior images and report*, line 30 *prepare room, equipment, supplies*, and line 32 *Prepare and position patient/ monitor patient/ set up IV*. The Subcommittee also corrected line 71 the amount of *ultrasound transmission gel*, deleted line 73 *glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)* and replaced the vascular ultrasound room (EL016) with a general ultrasound room (EL015) thus eliminating the duplicative equipment. The RUC recommends the direct practice expense modifications as indicated by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	XXX	1.50
93307 (f)	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	XXX	0.92 (No Change)
93308 (f)	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	XXX	0.53 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 93306      Tracking Number

Original Specialty Recommended RVU: **1.50**Presented Recommended RVU: **1.50**

Global Period: XXX

RUC Recommended RVU: **1.50**

CPT Descriptor: Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 67-year-old male with progressive exertional dyspnea and a new systolic murmur.

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? 13%

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: Review existing information (e.g., request for an echocardiographic evaluation), relevant clinical records, and prior studies to clarify procedural indications and clinical questions. Review appropriateness of procedure against appropriate use criteria.

Description of Intra-Service Work: Obtain a sequence of real-time tomographic images of cardiac structure and dynamics from multiple views and record digitally or on videotape. Make selected M-mode (time-motion) recordings as necessary to facilitate dimensional measurement. Using color Doppler flow imaging, view blood flow velocity patterns and record across the cardiac valves and along the atrial and ventricular septae, as well as in the great arteries and veins. When abnormal findings indicate valvular regurgitation or an intracardiac or extracardiac shunt, record additional views. Using spectral Doppler (by means of pulsed and/or continuous wave techniques), record flow velocities across the cardiac valves, and record abnormal flow signals (such as with stenotic or regurgitant valves) usually from multiple transducer positions and orientations. The interpreting physician may verify the suitability of the images and Doppler flow data to the completion of the study and may obtain additional views if necessary. The interpreting physician reviews digitally or videotaped recorded views of the heart and analyzes and measures the structure and dynamics of the heart chambers, valves, and great vessels. In the context of the anatomic and dynamic findings, note the presence of any abnormalities of the flow stream in the heart and great vessels, and where appropriate, measure jet width, jet area, and proximal flow convergence, to quantitate the severity of abnormalities noted. The interpreting physician also reviews spectral Doppler velocity recordings and makes or verifies quantitative measures, assesses Doppler velocities for hemodynamic assessment of systolic and diastolic left ventricular function as well as pressures in the right atrium, right ventricle, pulmonary artery, and left atrium. When appropriate, calculations include pressure gradients and valve orifice areas in patients with stenotic valves, and regurgitant volumes, regurgitant fractions, and effective regurgitant orifice areas in patients with pathologic valvular regurgitation. From these anatomic and hemodynamic data, develop a complete interpretation. Make quantitative

anatomic and functional measures such as left ventricular size, wall thickness, mass, ejection fraction, and regional wall motion and document sizes of the left atrium, aorta, and right heart chambers. Final interpretation typically also includes side-by-side review of the most recent previous study to determine if significant changes have occurred.

Description of Post-Service Work: Prepare a report, review and correct as necessary, and sign. Review study findings in detail with the referring physician to facilitate appropriate patient management decisions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Richard Wright, MD; Thad Waites, MD; Michael Main, MD				
<b>Specialty(s):</b>	ACC, ASE				
<b>CPT Code:</b>	93306				
<b>Sample Size:</b>	2000	<b>Resp N:</b>	172	<b>Response:</b>	8.6 %
<b>Description of Sample:</b>	random sample of ACC and ASE members with duplicates eliminated				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	400.00	<b>800.00</b>	1500.00	7000.00
<b>Survey RVW:</b>	0.40	1.50	<b>1.70</b>	1.90	60.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	15.00	<b>20.00</b>	25.00	90.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	93306	<b>Recommended Physician Work RVU: 1.50</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>20.00</b>			
<b>Please, pick the <u>post-service</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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
78452	XXX	1.62	RUC Time

CPT Descriptor 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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
75572	XXX	1.75	RUC Time

CPT Descriptor 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)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	RUC Time	10,547,995

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	RUC Time	2,123,351

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
72146	XXX	1.48	RUC Time

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material

**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:** 25.5 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 43      **% of respondents:** 25.0 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>93306</u>	<b>Top Key Reference CPT Code:</b> <u>78452</u>	<b>2nd Key Reference CPT Code:</b> <u>75572</u>
Median Pre-Service Time	5.00	10.00	10.00
Median Intra-Service Time	20.00	20.00	20.00
Median Immediate Post-service Time	5.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>30.00</b>	<b>40.00</b>	<b>40.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	1.50	0.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.57	0.63
Urgency of medical decision making	0.41	0.72
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.80	0.65



Physical effort required	0.36	0.40
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.25	0.16
Outcome depends on the skill and judgment of physician	0.75	0.72
Estimated risk of malpractice suit with poor outcome	0.18	0.37

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	1.14	0.84
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

93306 is the primary diagnostic transthoracic echocardiography (TTE) code. It describes the work of acquiring/interpreting images, acquiring the results, and creating a report. CMS identified 93306 in CY 2016 rulemaking as potentially misvalued through its high-expenditure screen. A random survey of ACC and ASE members was executed with 172 completed surveys. The information obtained is used to develop the survey results in the SOR and the summary spreadsheet.

**Compelling Evidence**

We believe the family of TTE codes meets the RUC's compelling evidence standard to suggest the current values are no longer appropriate under several criteria.

**Change in Technique and Diffusion of Technology**

Since 93306 and 93307 were valued in September 2007, the American Society of Echocardiography has published (either alone or in association with other societies) **27** separate guideline/clinical recommendations documents (1). Adoption of recommendations included in these documents improves image quality, clinical care, and patient safety. Nearly all of these recommendations involve incremental increases in physician work. At the same time, the broad adoption of PACS technology allows physicians to be more efficient in their review of images, producing a net increase in intensity as more images are reviewed in comparable but somewhat less time. Examples include:

1. Recommendations for ultrasound contrast agent use in many new clinical scenarios, which results in additional images for physician review and interpretation (2). Recent data indicates that judicious use of contrast echocardiography results in overall healthcare savings (~\$120 per patient largely due to avoidance of additional downstream testing) (3) and is associated with substantial reductions in overall mortality in critically ill patients (4), likely due to more accurate and timely diagnosis.
2. Comprehensive recommendations for evaluation of valve stenosis which require additional physician image review, computation, and decision-making (5).

3. New recommendations for left ventricular diastolic dysfunction evaluation, including newer techniques such as tissue Doppler imaging (now standard, but not described by an existing CPT code) (6).
4. New recommendations for evaluation of prosthetic valves, which includes additional image review, computation and physician decision-making (7).
5. New guidelines for right heart assessment, which includes incremental image acquisition, computation and interpreting physician decision-making (8).
6. Promulgation of appropriate use criteria for echocardiography (9). Interpreting physicians must now typically determine the appropriateness of an echocardiographic study at the point of service (additional pre-service time), and in the case of stress echocardiography, must determine whether the probability of coronary artery disease is low, intermediate, or high based on appropriate use criteria for imaging.
7. Publication of recommendations for quality echocardiography laboratory operations (10). This document indicates that “physicians must allow sufficient time for image interpretation” and that “transthoracic echocardiography interpretation must include assessment of all cardiac structures, cardiac function and the *performance of all measurements* when technically feasible”. Additionally, this document places incremental responsibility on the interpreting physician for results communication, inclusion of all key clinical elements in the echocardiography report, and generation of report amendments. Interpreting physicians must also individually report all critical values to the referring physician. These include, but are not limited to, aortic dissection, a new large pericardial effusion, findings consistent with pericardial tamponade, a new cardiac mass or thrombus, new severe left ventricular or right ventricular dysfunction, new valvular vegetations, new severe valvular regurgitation or stenosis, and high risk stress echocardiographic findings. Documentation of direct physician to physician communication must be present on the report.

Accreditation Body Requirements: the Intersocietal Accreditation Commission has issued annual updates, with substantive changes involving increased physician work. These include:

1. Provisions must exist for the timely reporting of critical examination results by the interpreting physician, including immediate verbal communication between the interpreting physician and the ordering physician (11).
2. Inclusion of additional demographic and echocardiographic data on the echocardiography report, report comments on whether all measurements obtained are normal or abnormal, additional comments on left ventricular size, ejection fraction and regional dysfunction, additional comments on any structure which is not well visualized, and a final conclusion which resolves all inconsistencies or discrepancies, and which provides further clinical guidance if necessary (12).

### **Key Reference Service (KRS) for 78452**

Our recommendation compares favorably to the most commonly chosen KRS, 78452, multiple study single photon emission computed tomography (SPECT) myocardial perfusion imaging. Our proposed RVU of 1.50 is 0.12 RVU less than 78452. The KRS was selected by 26% of respondents who indicated 93306 to be somewhat more intense/complex. The intra times are identical between 78452 and 93306. Intensity and complexity measures were generally higher for 93306, likely reflecting the more diverse disease processes to consider when reviewing images. 93306 provides a non-invasive comprehensive assessment of cardiac structure and function which includes measurements performed in the course of the examination, 2-dimensional and/or M-Mode numerical data for transthoracic echocardiograms, and Doppler / color flow data. 78452 assesses heart conditions including myocardial wall motion abnormalities with myocardial perfusion at stress and rest. The total time differences between 78452 and 93306 were solely based on the shorter pre and post service time period, which is more than balanced by the differences in wRVU.

The second highest KRS is 75572, cardiac CT with contrast for evaluation of structure and morphology. Respondents who selected the second KRS indicated 93306 to be somewhat more intense/complex. The second KRS was selected by 25% of respondents. Both KRSs are cardiac imaging services with many similarities to 93306 including identical intra service times.

CPT Code	Short Descriptor	RUC Review	Work RVU	Pre	Intra	Post	Total	IWPUT
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74176	CT abd & pelvis w/o contrast	2010	1.74	5	22	5	32	0.069
70498	CT angiography neck	2014	1.75	5	20	5	30	0.076
72146	MRI chest/spine w/o dye	2013	1.48	5	20	5	30	0.063
75572	CT heart w/ 3D image	2009	1.75	10	20	10	40	0.065
78452	Heart muscle image SPECT multi	2008	1.62	10	20	10	40	0.059
<b>93306</b>	<b>TTE w/ Doppler complete</b>	<b>Survey</b>	<b>1.50</b>	<b>5</b>	<b>20</b>	<b>5</b>	<b>30</b>	<b>0.064</b>

In light of the robust survey and changes we discussed in our compelling evidence section, we recommend the 25<sup>th</sup> percentile survey **work RVU of 1.50 with median survey times of 5 minutes preservice, 20 minutes intraservice, and 5 minutes postservice.** This recommendation places 93306 a bit closer to the two KRSs, between the noted MPC codes, and compares almost identically to additional comparator 72146 (MRI chest/spine) that was reviewed by the RUC in 2013.

### References

1. American Society of Echocardiography Guidelines by Publication Date. Available at <http://asecho.org/ase-guidelines-by-publication-date/>. (accessed July 25<sup>th</sup> 2014).
2. Mulvagh SL et al. American Society of Echocardiography consensus statement on the clinical applications of ultrasonic contrast agents in echocardiography. *J Am Soc Echocardiogr* 2008; 21:1179-1201.
3. Kurt M et al. Impact of contrast echocardiography on evaluation of ventricular function and clinical management in a large prospective cohort. *J Am Coll Cardiol* 2009;53:802-810.
4. Main ML et al. Acute mortality in critically ill patients undergoing echocardiography with or without an ultrasound contrast agent. *JACC Cardiovasc Imaging* 2014;7:40-8.
5. Baumgartner H et al. Echocardiographic assessment of valve Stenosis: EAE/ASE recommendations for clinical practice. *J Am Soc Echocardiogr* 2008; 22:1-23.
6. Nagueh SF et al. Recommendations for the evaluation of left ventricular diastolic function by echocardiography. *J Am Soc Echocardiogr* 2009; 22:107-133.
7. Zoghbi WA et al. Recommendations for evaluation of prosthetic valves with echocardiography and Doppler ultrasound. *J Am Soc Echocardiogr* 2009; 22:975-1014.
8. Rudski LG. Guidelines for the echocardiographic assessment of the right heart in adults. *J Am Soc Echocardiogr* 2010; 23:685-713.
9. ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate Use Criteria for Echocardiography. *J Am Soc Echocardiogr* 2011; 24:229-267.
10. Picard MH et al. American society of echocardiography recommendations for quality echocardiography laboratory operations. *J Am Soc Echocardiogr* 2011; 24:1-10.
11. The Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) standards for echocardiography accreditation (2008 update).
12. IAC Standards and Guidelines for Adult Echocardiography Accreditation (2012 update).

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**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) 93306

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty                                      How often?

Specialty                                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 14400000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double the estimated Medicare utilization

Specialty cardiology                      Frequency 14400000                      Percentage 100.00 %

Specialty                                      Frequency 0                                      Percentage 0.00 %

Specialty                                      Frequency 0                                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,200,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Peak utilization from 2011.

Specialty cardiology                      Frequency 7200000                      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:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Heart

---

**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 93306

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: 93307	Tracking Number	Original Specialty Recommended RVU: <b>1.05</b>
		Presented Recommended RVU: <b>0.92</b>
Global Period: XXX		RUC Recommended RVU: <b>0.92</b>

CPT Descriptor: Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 67 year old man presents to a cardiology office complaining of recent chest discomfort. His EKG is abnormal. Echocardiography is performed to exclude regional wall motion abnormalities.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 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? 3%

Description of Pre-Service Work: Review existing information (e.g., request for an echocardiographic evaluation), relevant clinical records, and prior studies to clarify procedural indications and clinical questions. Review appropriateness of procedure against appropriate use criteria.

Description of Intra-Service Work: Obtain a sequence of real-time tomographic images of cardiac structure and dynamics from multiple views and record digitally or on videotape. Make selected M-mode (time-motion) recordings as necessary to facilitate dimensional measurement. The interpreting physician may verify the suitability of the images prior to the completion of the study and may obtain additional views if necessary. The interpreting physician reviews digitally or videotaped recorded views of the heart and analyzes and measures the structure and dynamics of the heart chambers, valves, and great vessels. From these anatomic and hemodynamic data, develop a complete interpretation. Make quantitative anatomic and functional measures such as left ventricular size, wall thickness, mass, ejection fraction, and regional wall motion and document sizes of the left atrium, aorta, and right heart chambers. Final interpretation typically also includes side-by-side review of the most recent previous study to determine if significant changes have occurred.

Description of Post-Service Work: Prepare a report, review and correct as necessary, and sign. Review study findings in detail with the referring physician to facilitate appropriate patient management decisions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Richard Wright, MD; Thad Waites, MD; Michael Main, MD				
<b>Specialty(s):</b>	ACC, ASE				
<b>CPT Code:</b>	93307				
<b>Sample Size:</b>	2000	<b>Resp N:</b>	152	<b>Response:</b>	7.6 %
<b>Description of Sample:</b>	random sample of ACC and ASE members with duplicates eliminated				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	20.00	100.00	250.00	1000.00
<b>Survey RVW:</b>	0.40	1.05	1.40	1.60	40.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	10.00	15.00	17.00	60.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	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

<b>CPT Code:</b>	93307	<b>Recommended Physician Work RVU: 0.92</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
<b>Please, pick the <u>post-service</u> 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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
78454	XXX	1.34	RUC Time

CPT Descriptor 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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
78452	XXX	1.62	RUC Time

CPT Descriptor 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

**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76805	XXX	0.99	RUC Time	11,650

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95819	XXX	1.08	RUC Time	255,217

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 40      % of respondents: 26.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 25      % of respondents: 16.4 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>93307</u></b>	<b>Top Key Reference CPT Code: <u>78454</u></b>	<b>2nd Key Reference CPT Code: <u>78452</u></b>
Median Pre-Service Time	5.00	5.00	10.00
Median Intra-Service Time	15.00	15.00	20.00
Median Immediate Post-service Time	5.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>25.00</b>	<b>25.00</b>	<b>40.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.75	0.96
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.53	0.84
Urgency of medical decision making	0.48	0.56
<b><u>Technical Skill/Physical Effort (Mean)</u></b>		
Technical skill required	0.53	0.80
Physical effort required	0.28	0.40

**Psychological Stress (Mean)**

The risk of significant complications, morbidity and/or mortality	0.28	0.16
Outcome depends on the skill and judgment of physician	0.55	0.72
Estimated risk of malpractice suit with poor outcome	0.23	0.20

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.73	0.84
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

93307 is a less comprehensive version of TTE than bundled code 93306—it does not bundle in spectral or color Doppler. It describes the work of acquiring/interpreting images, acquiring the results, and creating a report. A random survey of ACC and ASE members was executed to obtain the survey results presented in the SOR and the summary spreadsheet.

**Key Reference Service (KRS) for 78454**

Our recommendation compares favorably to the most commonly chosen KRS, 78454, Heart muscle image planar multi. The KRS was selected by 26% of respondents who indicated 93307 to be somewhat more intense/complex. The intra times are identical between 78454 and 93307. Intensity and complexity measures were generally higher for 93307, likely reflecting the more diverse disease processes to consider when reviewing images. 93307 provides a non-invasive assessment of the health of the heart. It is a comprehensive cardiac study which includes measurements performed in the course of the examination, 2-dimensional and/or M-Mode numerical data for transthoracic echocardiograms, and Doppler / color flow data. 78454 is a planar imaging test to assess specific heart conditions including myocardial wall motion abnormalities with myocardial perfusion at stress and rest. The total time for 78454 and 93307 is identical with the intra service time of 15 minutes for each service.

The second highest KRS is 78452, multiple study single photon emission computed tomography (SPECT) myocardial perfusion imaging. Respondents who selected the second KRS indicated 93307 to be somewhat more intense/complex. The second KRS was selected by 16% of respondents. Both KRSs are cardiac imaging services with many similarities to 93307.

CPT Code	Short Descriptor	RUC Review	Work RVU	Pre	Intra	Post	Total	IWPUT
78454	Heart muscle image planar multi	2009	1.34	5	15	5	23	0.074
78452	Heart muscle image SPECT multi	2008	1.62	10	20	10	40	0.059
76805	Ultrasound, uterus $\geq$ 14 weeks; single or first	2002	0.99	5	15	6	26	0.050

	gestation							
95819	EEG awake and asleep	2012	1.08	5	15	6	26	0.056
<b>93307</b>	<b>TTE w/o Doppler complete</b>	<b>Survey</b>	<b>0.92</b>	<b>5</b>	<b>15</b>	<b>5</b>	<b>25</b>	<b>0.046</b>

## 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) 93307

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 186000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double the estimated Medicare utilization

Specialty cardiology Frequency 186000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

93,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. Peak utilization from 2010.

Specialty cardiology	Frequency 93000	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:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Heart

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**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 93307

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: 93308	Tracking Number	Original Specialty Recommended RVU: <b>0.76</b>
		Presented Recommended RVU: <b>0.53</b>
Global Period: XXX		RUC Recommended RVU: <b>0.53</b>

CPT Descriptor: Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 54-year-old female with metastatic breast cancer presents after percutaneous drainage of a malignant pericardial effusion. A limited echocardiogram is performed to assess the re-accumulation of pericardial fluid.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is;  
Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

**Moderate Sedation**

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work: Review existing information (e.g., request for an echocardiographic evaluation), relevant clinical records, and prior studies to clarify procedural indications and clinical questions. Review appropriateness of procedure against appropriate use criteria.

Description of Intra-Service Work: Obtain a sequence of real-time tomographic images of cardiac structure and dynamics from multiple views and record digitally or on videotape. Make selected M-mode (time-motion) recordings as necessary to facilitate dimensional measurement. The interpreting physician may verify the suitability of the images prior to the study completion and may obtain additional views if necessary. The interpreting physician reviews digitally or videotaped recorded views of the heart and analyzes and measures the structure of the heart chambers, valves, and great vessels. From these anatomic data, develop a complete interpretation. Make quantitative anatomic and functional measures such as left ventricular size, wall thickness, mass, ejection fraction, and regional wall motion and document sizes of the left atrium, aorta, and right heart chambers. Final interpretation typically also includes side-by-side review of the most recent previous study to determine if significant changes have occurred.

Description of Post-Service Work: Prepare a report, review and correct as necessary, and sign. Review study findings in detail with the referring physician to facilitate appropriate patient management decisions.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2016				
<b>Presenter(s):</b>	Richard Wright, MD; Thad Waites, MD; Michael Main, MD				
<b>Specialty(s):</b>	ACC, ASE				
<b>CPT Code:</b>	93308				
<b>Sample Size:</b>	2000	<b>Resp N:</b>	167	<b>Response:</b>	8.3 %
<b>Description of Sample:</b>	random sample of ACC and ASE members with duplicates eliminated				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75th pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	40.00	100.00	250.00	2000.00
<b>Survey RVW:</b>	0.20	0.76	1.00	1.35	100.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	7.00	10.00	15.00	45.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	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

<b>CPT Code:</b>	93308	<b>Recommended Physician Work RVU: 0.53</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	10.00			
<b>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)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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
78454	XXX	1.34	RUC Time

CPT Descriptor 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

**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76817	XXX	0.75	RUC Time	19,890

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	RUC Time	1,012,962

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 22      **% of respondents:** 13.1 %

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code:** 20      **% of respondents:** 11.9 %

**TIME ESTIMATES (Median)**

	<b>CPT Code:</b> <u>93308</u>	<b>Top Key Reference CPT Code:</b> <u>78454</u>	<b>2nd Key Reference CPT Code:</b> <u>99213</u>
Median Pre-Service Time	5.00	5.00	3.00
Median Intra-Service Time	10.00	15.00	15.00
Median Immediate Post-service Time	5.00	5.00	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
<b>Median Total Time</b>	<b>20.00</b>	<b>25.00</b>	<b>21.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

**Intensity & Complexity Rating Scale:** (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	<b><u>Top Key Ref Code</u></b>	<b><u>2<sup>nd</sup> Key Ref Code</u></b>
<b><u>Mental Effort and Judgment (Mean)</u></b>		
The number of possible diagnosis and/or the number of management options that must be considered	0.55	-0.05
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.55	-0.02
Urgency of medical decision making	0.82	0.60

**Technical Skill/Physical Effort (Mean)**

Technical skill required	0.68	0.55
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Physical effort required	0.18	-0.10
<b><u>Psychological Stress (Mean)</u></b>		
The risk of significant complications, morbidity and/or mortality	0.41	0.10
Outcome depends on the skill and judgment of physician	0.68	0.35
Estimated risk of malpractice suit with poor outcome	0.36	0.45

**INTENSITY/COMPLEXITY MEASURES****Top Key  
Ref Code****2<sup>nd</sup> Key  
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.68	0.40
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

93308 is the limited/follow-up TTE, typically limited to, or performed in follow-up of a focused clinical concern. It describes the work of acquiring/interpreting images, acquiring the results, and creating a report. A random survey of ACC and ASE members was executed to obtain the survey results presented in the SOR and the summary spreadsheet.

**Key Reference Service (KRS) for 78454**

Our recommendation compares favorably to the most commonly chosen KRS, 78454, Heart muscle image planar multi. Our proposed RVU of 0.76 is 0.58 RVU less than 78454. Respondents who selected the KRS indicated 93308 to be somewhat more intense/complex. The KRS was selected by 13% of respondents.

Intensity and complexity measures were generally higher for 93307, likely reflecting the more diverse disease processes to consider when reviewing images. 93307 provides a non-invasive assessment of the health of the heart. It is a comprehensive cardiac study which includes measurements performed in the course of the examination, 2-dimensional and/or M-Mode numerical data for transthoracic echocardiograms, and Doppler / color flow data. 78454 is a planar imaging test to assess specific heart conditions including myocardial wall motion abnormalities with myocardial perfusion at stress and rest. The time differences between 78454 and 93308 are balanced by the differences in wRVU.

The second highest KRS is 99213, a level three office visit. Respondents who selected the second KRS indicated 93308 to be somewhat more intense/complex. The second KRS was selected by 12% of respondents. One KRS is a cardiac imaging service with similarities to 93308 while the other is a well-understood E/M service.

CPT Code	Short Descriptor	RUC Review	Work RVU	Pre	Intra	Post	Total	IWP/UT
78454	Heart muscle image planar multi	2009	1.34	5	15	5	23	0.074
99213	Office visit – Level 3	2006	0.97	3	15	3	21	0.056

76817	Transvaginal ultrasound pregnant uterus	2002	0.75	5	10	8	23	0.046
76700	Ultrasound, abdominal complete	2013	0.81	5	11	5	21	0.053
<b>93308</b>	<b>TTE f/up/limited</b>	<b>Survey</b>	<b>0.53</b>	<b>5</b>	<b>10</b>	<b>5</b>	<b>20</b>	<b>0.031</b>

## 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) 93308

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology                      How often? Commonly

Specialty                                      How often?

Specialty                                      How often?

Estimate the number of times this service might be provided nationally in a one-year period? 440000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double the estimated Medicare utilization

Specialty cardiology                      Frequency 440000                      Percentage 100.00 %

Specialty                                      Frequency 0                                      Percentage 0.00 %

Specialty                                      Frequency 0                                      Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 220,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Peak utilization from 2014.

Specialty cardiology	Frequency 220000	Percentage 100.00 %
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Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Heart

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**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 93308

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
13	ISSUE: Transthoracic Echocardiography																								
14	TAB: 42																								
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
17	1st REF	78452	Myocardial perfusion imaging, t	44	0.059			1.62			40	10					20			10					
18	2nd REF	75572	Computed tomography, heart, w	43	0.065			1.75			40	10					20			10					
19	CURRENT	93306	Echocardiography, transthoraci		0.052			1.30			31.5	5					20			6.5					
20	SVY	93306		172	0.074	0.40	1.50	1.70	1.90	60.00	30	5			2	15	20	25	90	5	0	400	800	1500	7000
21	REC	93306			0.064	1.50					30	5					20			5					
22	COMP	70498	Computed tomographic angiogr		0.076	1.75					30	5					20			5					
23	COMP	72146	Magnetic resonance (eg, proton)		0.063	1.48					30	5					20			5					
24	MPC	99203	Office or other outpatient visit fo		0.061	1.42					29	4					20			5					
25	MPC	74176	Computed tomography, abdome		0.069	1.74					32	5					22			5					
26																									
27						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
28	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
29	1st REF	78454	Myocardial perfusion imaging, p	40	0.074			1.34			25	5					15			5					
30	2nd REF	78452	Myocardial perfusion imaging, t	25	0.059			1.62			40	10					20			10					
31	CURRENT	93307	Echocardiography, transthoraci		0.039			0.92			28	5					18			5					
32	SVY	93307		152	0.078	0.40	1.05	1.40	1.60	40.00	25	5			3	10	15	17	60	5	0	20	100	250	2000
33	REC	93307			0.046	0.92					25	5					15			5					
34	MPC	76805	Ultrasound, pregnant uterus, rea		0.050	0.99					26	5					15			6					
35	MPC	95819	Electroencephalogram (EEG); in		0.056	1.08					26	5					15			6					
36																									
37						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
38	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
39	1st REF	78454	Myocardial perfusion imaging, p	22	0.074			1.34			25	5					15			5					
40	2nd REF	99213	Office or other outpatient visit fo	8	0.056			0.97			21	3					15			3					
41	CURRENT	93308	Echocardiography, transthoraci		0.020			0.53			25	5					15			5					
42	SVY	93308		167	0.078	0.20	0.76	1.00	1.35	100.00	20	5			2	8	10	15	45	5	0	40	100	250	2000
43	REC	93308			0.031	0.53					20	5					10			5					
44	MPC	76817	Ultrasound, pregnant uterus, rea		0.046	0.75					23	5					10			8					
45	MPC	76700	Ultrasound, abdominal, real time		0.053	0.81					21	5					11			5					

42

Tab Number

Transthoracic Echocardiography

Issue

93306-93308

Code Range

### Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



\_\_\_\_\_  
Signature

Richard Wright, MD

\_\_\_\_\_  
Printed Signature

ACC

\_\_\_\_\_  
Specialty Society

4/4/16

\_\_\_\_\_  
Date

42  
Tab Number

Transthoracic Echocardiography  
Issue

93306-93308  
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 L. Main, MD  
Printed Signature

American Society of Echocardiography  
Specialty Society

April 4, 2016  
Date

**AMA/Specialty Society Update Process**  
**Practice Expense Summary of Recommendation**  
**Non Facility Direct Inputs**

CPT Long Descriptor:

93306 - Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography

93307 - Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography

93308 - Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACC and ASE utilized a consensus panel process to develop recommended inputs. This group was convened from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations. A number of recommendations to add clinical staff time result from requirements of the Intersocietal Accreditation Commission standards for echocardiography, the gold standards for the vast majority of echocardiography labs in the US. Those requirements are attached.

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 CPT Codes

For codes previously priced in the office setting, the current PE times are shown.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Updated recommendations IAC – Lines 31, 32, 44, 47, 48, 49 50 and 65

Reviewer highlighted the following lines that are inconsistent with standard inputs for further explanation:

Line 16 (0 minutes standard): Completion of prior authorization and referral forms is consistent with current code inputs.

Line 21 (2 minutes standard): Prior images and reports typically (>50%) exist and are reviewed. Applied 4 minutes to line 21 while removing 3 minutes from line 23 and 1 minute from line 34 that was previously allocated for this purpose to update inputs.

**CPT Code 93306, 93307 and 93308**  
**Specialty Society('s) ACC and ASE**

Line 22 (0 minutes standard): Verification of indication and ordering process is part of the IAC standards under which the vast majority of echo labs operate.

Line 30 (2 minutes standard): Room preparation is consistent with current PE inputs and more detailed setup for Doppler versus the other two echo codes under consideration.

Line 32 (2 minutes standard): Consistent with current PE inputs. The sonographer must correctly prepare and position the patient before images are acquired. This typically includes manipulation of beds/tables with drop sections and proper placement of electrodes to ensure accurate study.

Line 49 (1 minute standard): Changed to 1 minute

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

As discussed in the SORs, the service has changed significantly. We have updated the relevant clinical staff times accordingly and summed what we think are the appropriate line items to allocate equipment use.

Reviewer also inquired about two supply inputs.

Line 71: 180 ml of ultrasound gel is used. Input error should be 25ml

Line 73: Updated 93306 and 93307 to include Cidex. More is used in these services than 93308.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

RN/LPN/MTA will complete pre-service diagnostic & referral forms, access prior images and review confirm order and exam protocol with physician and review questionnaire and prepare information for technologist and physician

Cardiac Sonographer will review patient clinical information, questionnaire; confirm order from physician and exam protocol by cardiologist

Intra-Service Clinical Labor Activities:

RN/LPN/MTA will greet and gown patient and obtain vitals signs.

Cardiac Sonographer is operating running echo machine controls, preparing equipment prior to the study, transferring digital images and preparing preliminary report, booting up the machine, entering demographic data. The sonographer will the position patient to begin exam and apply ECG leads, then operating system controls throughout exam will obtain images. Then the sonographer will review of acquired images, comparison to previous images and preparation of preliminary report and complete diagnostic forms. The images are QC'd in PACS, checking for all images, reformats, and data transfer and prelim report generation.

Post-Service Clinical Labor Activities:

The cardiac sonographer cleans the room and complete all required forms for accreditation.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1			AMA	REFERENCE CODE	Recommendation			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.			93306	93306	93307	93307	93308	93308						
3	Meeting Date: April 2016 Tab: 42 Specialty: ACC, ASE	CMS Code	Staff Type	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study						
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L050A	RN/LPN/MTA	12.0	0.0	11.0	0.0	12.0	0.0	11.0	0.0	0.0	0.0	11.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L050A	RN/LPN/MTA	5.0	0.0	5.0	0.0	5.0	0.0	5.0	0.0	0.0	0.0	5.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L050A	RN/LPN/MTA	7.0	0.0	6.0	0.0	7.0	0.0	6.0	0.0	0.0	0.0	6.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L050A	RN/LPN/MTA	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	TOTAL CLINICAL LABOR TIME	L037D	cardiac sonographer	70.0	0.0	71.0	0.0	45.0	0.0	50.0	0.0	46.0	0.0	39.0	0.0
11	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	cardiac sonographer	3.0	0.0	4.0	0.0	3.0	0.0	4.0	0.0	3.0	0.0	4.0	0.0
12	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	cardiac sonographer	63.0	0.0	67.0	0.0	42.0	0.0	46.0	0.0	37.0	0.0	35.0	0.0
13	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	cardiac sonographer	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.0	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	L050A	RN/LPN/MTA	5		5		5		5				5	
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 and review of prior images and report	L037D	cardiac sonographer			2				2				2	
22	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocolled by cardiologist	L037D	cardiac sonographer			2				2				2	
23	Other Clinical Activity - specify: review prior studies	L037D	cardiac sonographer	3				3				3			
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, complete CGCAPS survey provide gowning, ensure appropriate medical records are available	L050A	RN/LPN/MTA	3		3		3		3		3		3	
28	Obtain vital signs	L050A	RN/LPN/MTA	3		3		3		3		3		3	
29	Provide pre-service education/obtain consent														
30	Prepare room, equipment, supplies	L037D	cardiac sonographer	3		2		3		2		3		2	
31	Setup scope (non facility setting only)														
32	Prepare and position patient/ monitor patient/ set up IV	L037D	cardiac sonographer	3		2		3		2		3		2	
33	Sedate/apply anesthesia														
34	Other Clinical Activity - specify: review charts	L050A	RN/LPN/MTA	1				1							
35	Intra-service														
36	Acquire images	L037D	cardiac sonographer	52		52		31		31		20		20	
37	Post-Service														
38	Monitor pt. following moderate sedation														
39	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)														
40	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)														
41	Clean room/equipment by physician staff	L037D	cardiac sonographer	3		3		3		3		3		3	
42	Clean Scope														
43	Clean Surgical Instrument Package														
44	Complete diagnostic forms, lab & X-ray requisitions	L037D	cardiac sonographer			3				3				3	
45	Review/read X-ray, lab, and pathology reports														
46	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
47	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	cardiac sonographer			2.0				2.0				2.0	
48	Review examination with interpreting MD	L037D	cardiac sonographer			2.0				2.0				2.0	
49	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Cardiologist work queue	L037D	cardiac sonographer			1.0				1.0				1.0	
50	Other Clinical Activity -review of acquired images, comparison to previous images and preparation of preliminary report	L037D	cardiac sonographer	2		0		2		0		2		0	
51	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
52	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
53	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
54	End: Patient leaves office														
55	POST-SERVICE Period														
56	Start: Patient leaves office/facility														
57	Conduct phone calls/call in prescriptions											6			
58	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1			AMA	REFERENCE CODE	Recommendation			REFERENCE CODE				REFERENCE CODE			
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4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
59	99211 16 minutes		16												
60	99212 27 minutes		27												
61	99213 36 minutes		36												
62	99214 53 minutes		53												
63	99215 63 minutes		63												
64	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
65	Other Clinical Activity - specify: QA documentation required for accreditation	L037D	cardiac sonographer	4											
66	End: with last office visit before end of global period														
67	MEDICAL SUPPLIES*	CODE	UNIT												
68	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1	
69	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1		1		1	
70	Sanitizing cloth - wipe (echo ultrasound)	SM022	item	3		3		3		3		3		3	
71	ultrasound transmission gel	SJ062	ml	180		25		180		25		180		25	
72	ECG electrode single	SD053	item	3		3		3		3		3		3	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz			0				0		0.034		0	
74															
75	EQUIPMENT	CODE													
76	video SVHS, VCR (medical grade)	ED034	minutes	10		0		6		0		11		0	
77	Computer, desktop with monitor	ED021	minutes	63		0		25		0				0	
78	video printer, color (Sony medical)	ED036	minutes	63		0		25		0		37		0	
79	stretcher	EF018	minutes	63		0		25		0		37		0	
80	PACS Workstation Proxy	ED050	minutes	63		73		25		52		37		41	
81	room, ultrasound	EL015	minutes	63		61.0		42		40.0		37		29.0	



# **IAC Standards and Guidelines for Adult Echocardiography Accreditation**

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# Introduction

The Intersocietal Accreditation Commission (IAC) accredits imaging facilities specific to echocardiography. IAC accreditation is a means by which facilities can evaluate and demonstrate the level of patient care they provide.

An echocardiography facility is defined as an entity located at one postal address, composed of at least one ultrasound instrument and a Medical Director and a Technical Director performing and/or interpreting transthoracic echocardiography. There may be additional physicians and sonographers. The facility may also perform transesophageal or stress echocardiography.

An accredited echocardiography facility requires the interpreting physicians and practicing sonographers to be adequately trained and experienced to interpret and perform echocardiograms. Published documents recognize that echocardiography requires considerable training and expertise ([see Bibliography](#)). Although published opinions vary with regard to the absolute numbers necessary for attaining and maintaining competence in echocardiography, all agree that numbers of studies performed or interpreted are helpful but not sufficient by themselves to assure clinical competence.

In order to achieve accreditation for transesophageal (TEE) or stress echocardiography, all facilities are required to be accredited in adult transthoracic echocardiography. Facilities may submit completed applications for all testing areas at the same time or may first apply for transthoracic and add on TEE or stress echocardiography at a later date. All areas granted accreditation will expire at the same time regardless of when they were submitted in the accreditation cycle.

The intent of the accreditation process is two-fold. It is designed to recognize facilities that provide quality echocardiographic services. It is also designed to be used as an educational tool to improve the overall quality of the facility.

The following are the specific areas of adult echocardiography for which accreditation may be obtained:

- adult transthoracic
- adult stress
- adult transesophageal

These accreditation Standards and Guidelines are the minimum standards for accreditation of echocardiography facilities. Standards are the minimum requirements to which an accredited facility is held accountable. *Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.*

Standards are printed in regular typeface in outline form. *Guidelines are printed in italic typeface in narrative form.*

Standards that are highlighted are content changes that were made as part of the August 3, 2015 revision. These Standards will become effective on February 3, 2016. Facilities applying for accreditation after February 3, 2016 revision must comply with these new highlighted Standards.

In addition to all Standards listed below, the facility, including all staff, must comply at all times with all federal, state and local laws and regulations, including but not limited to laws relating to licensed scope of practice, facility operations and billing requirements.

# Part A: Organization

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## Section 1A: Personnel and Supervision

### STANDARD – Medical Director

1.1A The Medical Director must be a licensed physician.

1.1.1A Medical Director Required Training and Experience

The Medical Director must meet one of the following criteria:

- 1.1.1.1A Level III training in echocardiography;
- 1.1.1.2A Level II training in echocardiography plus one year of experience that includes interpretation of at least 600 echocardiogram/Doppler examinations; or
- 1.1.1.3A Three years of echocardiography practice experience and at least 1,800 echocardiogram/Doppler examination interpretations, preferably with Testamur status by the National Board of Echocardiography (NBE) in echocardiography.

1.1.2A Medical Director Responsibilities

The Medical Director responsibilities include but are not limited to:

- 1.1.2.1A all clinical services provided and for the determination of the quality and appropriateness of care provided;
- 1.1.2.2A supervising the entire operation of the facility or may delegate specific operations to associate directors and the Technical Director;
- 1.1.2.3A assuring compliance of the medical and technical staff to the Standards outlined in this document and the supervision of their work; and
- 1.1.2.4A must be an active participant in the interpretation of studies performed in the facility.

1.1.3A Continuing Medical Education (CME) Requirements

- 1.1.3.1A The Medical Director must document at least 15 hours of CME relevant to echocardiography over a period of three years. CME credits must be earned within the three-year period prior to application submission.
  - i. 10 hours must be Category 1 AMA or Canadian Cardiovascular Society (CCS) accredited continuing professional development (CPD) Section 1 Group Learning Activities
  - ii. The other five echocardiography-related hours may be non-category I AMA (i.e., ASE CEU)
- 1.1.3.2A Yearly accumulated CME must be kept on file and available for submission upon request.

Comment: If the Medical Director has completed formal training as specified under 1.1.1.1A or 1.1.1.2A in the past three years, or has successfully acquired Testamur status by passing the Examination of Special Competence in adult echocardiography by the NBE within the past three years, the CME requirement will be considered fulfilled.



## STANDARD – Technical Director

- 1.2A A qualified Technical Director(s) must be designated for the facility. The Technical Director is generally a full-time position. If the Technical Director is not on-site full time or serves as Technical Director in another facility, an appropriately credentialed sonographer who is a member of the technical staff must be present in the facility in the absence of the Technical Director and assume the duties of the Technical Director.

Comment: In a facility with no sonographers, the Medical Director serves as Technical Director. In this case, in addition to submitting the Medical Director forms, the Medical Director must also submit all forms and representative cases required for the Technical Director.

### 1.2.1A Technical Director Required Training and Experience

The Technical Director must meet the following criteria:

- 1.2.1.1A The Technical Director must have an appropriate credential in echocardiography:

- i. Registered Diagnostic Cardiac Sonographer (RDCS) from American Registry of Diagnostic Medical Sonography (ARDMS)
- ii. Registered Cardiac Sonographer (RCS) or Registered Congenital Cardiac Sonographer (RCCS) from Cardiovascular Credentialing International (CCI)
- iii. Canadian Registered Cardiac Sonographer (CRCS) Canadian Association of Registered Diagnostic Ultrasound Professionals (CARDUP)

- 1.2.1.2A In a facility with no sonographers, the physician Technical Director must have either Level II or III echocardiography training, or equivalent if trained before 1998, as defined by the ACC/AHA guidelines for physician training in echocardiography or an appropriate sonographer credential from the ARDMS, CCI or CARDUP.

### 1.2.2A Technical Director Responsibilities

- 1.2.2.1A The Technical Director reports directly to the Medical Director or his/her delegate. Responsibilities must include, but are not limited to:

- i. all facility duties delegated by the Medical Director;
- ii. performance of echocardiograms in the facility;
- iii. general supervision of the technical staff and/or ancillary staff (if applicable);
- iv. delegation, when warranted, of specific responsibilities to the technical staff and/or the ancillary staff;
- v. daily technical operation of the facility (e.g., staff scheduling, patient scheduling, facility record keeping, etc.);
- vi. operation and maintenance of facility equipment;
- vii. compliance of the technical and/or ancillary staff to the Standards outlined within this document;
- viii. working with the Medical Director, medical staff and technical staff to ensure quality patient care; and
- ix. technical training.

### 1.2.3A Continuing Medical Education (CME) Requirements

- 1.2.3.1A The Technical Director must document at least 15 hours of echocardiography-related CME over a period of three years. CME credits must be earned within the three-year period prior to application submission.

*(See Guidelines on Page 9 for further recommendations.)*



- 1.2.3.2A Yearly accumulated CME must be kept on file and available for submission upon request.

Comment: The CME requirement will be considered fulfilled if the credential status of the Technical Director is currently active as a Registered Diagnostic Cardiac Sonographer (RDCS) from American Registry of Diagnostic Medical Sonography (ARDMS); or Registered Cardiac Sonographer (RCS) or Registered Congenital Cardiac Sonographer (RCCS) from Cardiovascular Credentialing International (CCI); or Canadian Registered Cardiac Sonographer (CRCS) Canadian Association of Registered Diagnostic Ultrasound Professionals (CARDUP). Fifteen of the CME hours must be echocardiography-related.

## **STANDARD – Medical Staff**

- 1.3A All members of the medical staff must be licensed physicians.

1.3.1A Medical Staff Required Training and Experience

The medical staff members must meet one or more of the following criteria:

- 1.3.1.1A level II or III training in echocardiography;
- 1.3.1.2A if echocardiography training was completed prior to 1998 – three years of echocardiography practice experience and interpretation of at least 1,200 echocardiogram/Doppler examinations;
- 1.3.1.3A if echocardiography training was completed during or after 1998, and if not Level II or Level III trained – three years of echocardiography practice experience and interpretation of at least 1,200 echocardiogram/Doppler examinations with Testamur status by the National Board of Echocardiography (NBE) in echocardiography by December 31, 2015.

1.3.2A Medical Staff Responsibilities

Medical staff responsibilities include but are not limited to:

- 1.3.2.1A the medical staff interprets and/or performs clinical studies.

1.3.3A Continuing Medical Education (CME) Requirements

- 1.3.3.1A The medical staff must document at least 15 hours of CME relevant to echocardiography over a period of three years. CME credits must be earned within the three-year period prior to application submission.
- i. 10 hours must be Category 1 AMA or The Canadian Cardiovascular Society (CCS) accredited continuing professional development (CPD) Section 1 Group Learning Activities.
  - ii. The other five echocardiography-related hours may be non-category I AMA (i.e., ASE CEU)
- 1.3.3.2A Yearly accumulated CME must be kept on file and available to the IAC when requested.

Comment: If the medical staff member has completed formal training as specified under 1.3.1.1A or 1.3.1.2A in the past three years, or has successfully acquired Testamur status by passing the Examination of Special Competence in adult echocardiography by the NBE within the past three years, the CME requirement will be considered fulfilled.

## STANDARD – Technical Staff

1.4A All members of the technical staff must be qualified sonographers.

Comment: Though the Standards include multiple pathways by which a technical staff member may document experience and training, the IAC encourages that all staff members acquire an appropriate credential in echocardiography within two years of completion of pathway 1.4.1.2A, 1.4.1.3A or 1.4.1.4A. The facility must have a process in place to ensure that all sonographers become credentialed.

By January 31, 2017, all technical staff must have obtained an appropriate credential in echocardiography.

### 1.4.1A Technical Staff Required Training and Experience

The technical staff members must meet one of the following criteria:

- 1.4.1.1A An appropriate credential in echocardiography from the ARDMS, CCI or CARDUP:
- i. Registered Diagnostic Cardiac Sonographer (RDCS) from American Registry of Diagnostic Medical Sonography (ARDMS)
  - ii. Registered Cardiac Sonographer (RCS) or Registered Congenital Cardiac Sonographer (RCCS) from Cardiovascular Credentialing International (CCI)
  - iii. Canadian Registered Cardiac Sonographer (CRCS) Canadian Association of Registered Diagnostic Ultrasound Professionals (CARDUP)
- 1.4.1.2A Successful completion of an ultrasound or cardiovascular technology program which includes verified didactic and supervised clinical experience in echocardiography.
- (See Guidelines on Page 9 for further recommendations.)*
- 1.4.1.3A Completion of 12 months full-time (35 hours/week) clinical echocardiography experience performing echocardiograms plus one of the following:
- i. completion of a formal two-year program in another allied health profession;
  - ii. completion of a bachelor's degree unrelated to a CAAHEP/CMA accredited program or a bachelor's degree in sonography, vascular technology or a minor in some aspect of ultrasound which is not CAAHEP accredited to offer echocardiography; or
  - iii. have an MD, DO degree or equivalent.
- 1.4.1.4A Minimum of 12 months of echocardiography practice experience and the performance of at least 600 echocardiogram/Doppler examinations.

Comment: An individual who does not meet at least one of the above criteria is considered a "trainee."

### 1.4.2A Technical Staff Responsibilities

Technical staff responsibilities include but are not limited to:

- 1.4.2.1A reports to the Technical Director; and
- 1.4.2.2A assumes the responsibilities specified by the Technical Director and, in general, is responsible for the performance of clinical examinations and other tasks assigned.

#### 1.4.3A Continuing Medical Education (CME) Requirements

- 1.4.3.1A The technical staff must document at least 15 hours of echocardiography-related CME over a period of three years. CME credits must be earned within the three-year period prior to application submission.

*(See Guidelines below for further recommendations.)*

- 1.4.3.2A Yearly accumulated CME must be kept on file and available for submission upon request.

Comment: The CME requirement will be considered fulfilled if the credential status of the technical staff member is currently active as a Registered Diagnostic Cardiac Sonographer (RDCS) from American Registry of Diagnostic Medical Sonography (ARDMS); or Registered Cardiac Sonographer (RCS) or Registered Congenital Cardiac Sonographer (RCCS) from Cardiovascular Credentialing International (CCI); or Canadian Registered Cardiac Sonographer (CRCS) Canadian Association of Registered Diagnostic Ultrasound Professionals (CARDUP). Fifteen of the CME hours must be echocardiography-related. Or if the technical staff member has completed formal training as specified under 1.4.1.2A within the past three years the CME requirement will be considered fulfilled.

### **STANDARD – Support Services**

- 1.5A Ancillary personnel (clerical, nursing, transport, etc.) necessary for safe and efficient patient care are provided.
- 1.5.1A Clerical and administrative support must be sufficient to ensure efficient operation and record keeping.
- 1.5.2A Nursing and ancillary services sufficient to ensure quality patient care are available when necessary.
- 1.5.3A Supervision: The Medical Director must ensure that appropriate support services are provided in the best interest of patient care.

## **Section 1A: Personnel and Supervision** *Guidelines*

#### *1.2.3.1A and 1.4.3.1A Technical Director and Technical Staff CME Requirements*

*Explanation: Echocardiography-related continuing education may be Category 1 AMA or other approved noncategory 1 credit including those credits designated as approved by organizations such as ASE, SDMS, ARRT or CCS that have content specific to echocardiography.*

#### *1.4.1.2A Technical Staff Required Training and Experience*

*An ultrasound or cardiovascular technology program should be accredited by the Commission for Accreditation of Allied Health Education Programs (CAAHEP) in collaboration with the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) and/or the Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT) or the Canadian Medical Association (CMA).*

## Section 2A: Facility

### STANDARD – Examination Areas

- 2.1A Examinations must be performed in a setting providing patient and technical staff safety, comfort and privacy.
  - 2.1.1A The adequate performance of an echocardiogram requires the proper positioning of the patient, the echocardiographic system and the sonographer. For this reason, adequate spacing is required for inclusion of a patient bed, which allows for position changes, an echocardiographic imaging system and patient privacy.
    - 2.1.1.1A It is understood that many echocardiographic studies are performed on a portable basis, requiring performance of the studies in less than optimal conditions. All studies, regardless of the location, must be performed with adequate room for patient positioning and equipment use.
    - 2.1.1.2A Patient privacy must be assured with the use of either appropriate curtains or doors.
    - 2.1.1.3A A sink and antiseptic soap must be readily available and used for hand washing in accordance with the infection control policy of the facility.

*([See Guidelines on Page 11 for further recommendations.](#))*

### STANDARD – Interpretation Areas

- 2.2A Adequate designated space must be provided for the interpretation of the echocardiogram and the preparation of reports.

*([See Guidelines on Page 11 for further recommendations.](#))*

### STANDARD – Storage

- 2.3A Space permitted for storage of records and supplies must be sufficient for the patient volume of the facility.

### STANDARD – Instrument Maintenance

- 2.4A Instrumentation used for diagnostic testing must be maintained in good operating condition. The accuracy of the data collected by ultrasound instruments is paramount in the interpretation and diagnostic utilization of the information collected. Guidelines for equipment maintenance include, but are not limited to, the following:
  - 2.4.1A Recording of the method and frequency of maintenance of ultrasound instrumentation and digitizing equipment.
  - 2.4.2A Establishment of and adherence to a policy regarding routine safety inspections and testing of all facility electrical equipment.
  - 2.4.3A Establishment of and adherence to an instrument cleaning schedule that includes routine cleaning of equipment parts, including filters and transducers, according to the specifications of the manufacturer. The cleaning schedule must be frequent enough to allow for accurate collection of data.

## **Section 2A: Facility Guidelines**

- 2.1.1A      *Approximately 150 square feet is recommended for a transthoracic echocardiography examination room.*
- 2.2A        *Space should be provided for data evaluation, interpretation and discussion of the study with the sonographer and/or referring physician as needed.*

# Section 3A: Examination Reports and Records

## STANDARD – Records

- 3.1A Provisions must exist for the generation and retention of examination data for all echocardiograms performed.
  - 3.1.1A A system for recording and archiving echocardiographic data (images, measurements and final reports) obtained for diagnostic purposes must be in place.
  - 3.1.2A A permanent record of the images and interpretation must be made and retained in accordance with applicable state or federal guidelines for medical records, generally five to seven years. Images and interpretation must be retrievable for comparison with new studies.
  - 3.1.3A Studies must be archived in the original format that they were acquired. Archiving media includes, but is not limited to:
    - 3.1.3.1A videotape; and
    - 3.1.3.2A digital storage – the facility must ensure that a sufficient portion of the examination can be archived in digital storage and that a secure back-up system is in place. Digital studies must include information consistent with that required for videotape acquisition, although fewer cardiac cycles are generally recorded.

*(See Guidelines on Page 16 for further recommendations.)*

## STANDARD – Examination Interpretation and Reports

- 3.2A Provisions must exist for the timely reporting of examination data.
  - 3.2.1A There must be a policy in place for communicating critical results.
  - 3.2.2A The findings of a STAT echocardiogram must be made available immediately by the interpreting physician.

Comment: Sonographer worksheets, comments (verbal or written) or electronic summary of findings must not be provided to anyone other than the interpreting physician.

*(See Guidelines on Page 16 for further recommendations.)*
  - 3.2.3A Preliminary reports can only be issued by a physician. There must be a policy in place for communicating any significant changes between the preliminary and final reports.
  - 3.2.4A Routine inpatient echocardiographic studies must be interpreted by a qualified physician within 24 hours of completion of the examination. Outpatient studies must be interpreted by the end of the next business day. The final verified (by the interpreting physician) signed report must be completed within 48 hours after interpretation.

*(See Guidelines on Page 16 for further recommendations.)*
- 3.3A Echocardiography reporting must be standardized in the facility. All physicians interpreting echocardiograms in the facility must agree on uniform diagnostic criteria and a standardized report format.<sup>2</sup>
  - 3.3.1A The report must accurately reflect the content and results of the study. The report must include, but may not be limited to:
    - 3.3.1.1A Demographics:

- i. date of the study;
- ii. name and/or identifier of the facility;
- iii. name and/or identifier of the patient;
- iv. date of birth and/or age of the patient;
- v. indication for the study;
- vi. name or initials of the performing sonographer;
- vii. name of the ordering physician and/or identifier;
- viii. height;
- ix. weight;
- x. gender; and
- xi. blood pressure – systolic and diastolic blood pressure must be obtained on or around the time of the study and displayed on the report.

Comment: The information must be sufficient to allow for the identification and retrieval of previous studies on the same patient.

3.3.1.2A A summary of the results of the examination, including any pertinent positive and negative findings particularly those relative to the indication for examination.

3.3.1.3A The final report must be completely typewritten, including the printed name of the interpreting physician. The final report must be reviewed, signed and dated manually or electronically by the interpreting physician. Electronic signatures must be password protected and indicate they are electronically recorded. Stamped signatures or signing by non-physician staff is unacceptable.

#### 3.4A Adult Transthoracic Echocardiogram Report Components

3.4.1A The report must accurately reflect the content and results of the study. The report must include, but may not be limited to:

3.4.1.1A 2-dimensional and/or M-mode numerical data which must include:

- i. the measurements performed in the course of the examination and/or interpretation; and
- ii. 2-dimensional and/or M-Mode numerical data for transthoracic echocardiograms, must include, but not be limited to (except where technically unobtainable):
  - measurements of the left ventricular internal dimension at end-diastole;
  - left ventricular internal dimension at end-systole;
  - left ventricular posterobasal free wall thickness at end-diastole;
  - ventricular septal thickness at end-diastole;
  - left atrial dimension at end-systole or indexed LA volume; and
  - aortic root dimension at end-diastole or ascending aorta.

Comment: Normal ranges may be included in the report. The report must comment on whether a given dimension is normal or abnormal.

*[\(See Guidelines on Page 16 for further recommendations.\)](#)*

3.4.1.2A A report of the Doppler evaluation must include, but not be limited to:

- i. evaluation of peak and mean gradients (if stenotic);
- ii. valve area (if stenotic);

- iii. degree of regurgitation;
- iv. right ventricular systolic pressure value reported when tricuspid regurgitation is present; and
- v. other pathology.

3.4.1.3A Report text must include comments on:

- i. left ventricle (LV size, ejection fraction and regional dysfunction, if present);  
([See Guidelines on Page 16 for further recommendations](#))
- ii. right ventricle (size and function);
- iii. right atrium;
- iv. left atrium;
- v. mitral valve;
- vi. aortic valve;
- vii. tricuspid valve;
- viii. pulmonic valve;
- ix. pericardium; and
- x. aorta.

Comment: If any structure is not well visualized this must be noted. The report text must be consistent with the quantitative data. Where appropriate, this must include localization and quantification of abnormal findings.

3.5A Adult Transesophageal Echocardiogram Report Components

3.5.1A The report must accurately reflect the content and results of the study. The report must include, but may not be limited to:

3.5.1.1A Report text (including procedure comments) must include:

- i. medication used for the procedure;
- ii. ease of transducer insertion;
- iii. complications (if any); and
- iv. components of procedure (i.e., color flow Doppler, PW/CW Doppler, contrast administration).

3.5.1.2A Report text must include comments on:

- i. left ventricle;
- ii. right ventricle;
- iii. right atrium;
- iv. left atrium;
- v. left atrial appendage;
- vi. interatrial septum;
- vii. mitral valve;
- viii. aortic valve;
- ix. tricuspid valve;
- x. pulmonic valve;
- xi. pericardium; and
- xii. aorta.



Comment: If any structure is not well visualized this must be noted.

3.5.1.3A Measurements and Doppler (if obtained):

- i. Linear and/or volume/area measurements
- ii. Color and spectral Doppler interpretation statements regarding antegrade and retrograde flow abnormalities for each valve, along with any other Doppler velocity, gradient and/or volume measurements generally accepted as needed for documentation of pathology.

3.6A Stress Echocardiogram Report Components

3.6.1A The report must accurately reflect the content and results of the study. The report must include, but may not be limited to:

3.6.1.1A Report text must include the following non-imaging data:

- i. exercise time, or maximum dose of pharmacologic agent (if used);
- ii. target heart rate;
- iii. maximum heart rate achieved;
- iv. whether or not target HR was achieved and/or stress adequate;
- v. blood pressure response;
- vi. reason for termination;
- vii. patient's cardiac symptoms, if any, during the examination; and
- viii. summary of stress ECG findings.

Comment: If the electrocardiographic portion of the stress test is reported separately, the imaging report must include the items listed in 3.6.1.1A. Image description must include:

- Pre-exercise segmental wall motion and global systolic function
- Post-exercise wall motion comparison and global systolic function

3.6.1.2A A summary of the results of the examination, including any pertinent positive (e.g., ischemia, viability and coronary distribution, LV cavity size and EF response) and negative findings.

Comment: An accurate, succinct impression (e.g., normal, abnormal, stable). This must clearly communicate the result of the study and, when possible, answer the clinical question that was the cause for the examination. This final conclusion must resolve any inconsistencies or discrepancies (e.g., abnormal stress test with normal images) or provide guidance for further studies to do so.

3.6.1.3A Any need for additional studies based on the results of the procedure being reported.

([See Guidelines on Page 16 for further recommendations.](#))

## Section 3A: Examination Reports and Records

### *Guidelines*

#### 3.1.3A *Archiving media:*

- i. *Videotape: When utilizing videotape for archiving, at least 5-10 cardiac cycles of each portion of the M-Mode, 2-D and Doppler study should be recorded in real time.*
- ii. *Digital storage: The number of cardiac cycles acquired must be sufficient to allow for adequate review, generally one or more cycles are recommended.<sup>4</sup>*

#### 3.2.2A *Suggested method for reporting life-threatening findings: Optimally, the interpreting physician in the facility will call the appropriate physician. Alternatively, the sonographer may call the appropriate physician after conferring with the interpreting physician.*

#### 3.2.4A *Comment: An interpretation can be in the form of paper, digital storage or an accessible voice system.*

#### 3.4.1.1A *Additional measurements may be indicated and when performed, should be included.*

#### 3.4.1.3Ai *Diastolic function should be commented on if assessed.*

#### 3.6.1A *Comment: Stress echocardiography interpretation includes at a minimum an assessment of regional and global LV function at rest and stress. Depending on the reason for the study, the stress echocardiogram may require quantitation of valvular regurgitation, stenosis and RV systolic pressure. The electrocardiographic portion of the stress test may be interpreted as part of the stress echocardiogram or separately.*

## Section 4A: Facility Safety

### STANDARD – Patient and Facility Safety

- 4.1A Patient and employee safety is ensured by written policies and procedures approved by the Medical Director.
- 4.1.1A Personnel Safety Policy (Ergonomics) – A policy must be in place to address technical staff safety, comfort and avoidance of work-related musculoskeletal disorders (MSD).
- ([See Guidelines below for further recommendations](#)).
- 4.1.2A Standard echocardiograms are considered to be safe to both patients and sonographers. However, special echocardiographic procedures, such as transesophageal echocardiograms and stress echocardiograms, pose potential risks to the safety of the patient due to either their semi-invasive nature, or the physiologic stress placed on the cardiovascular system of the patient. For this reason, an echocardiography facility providing special echocardiographic procedures must have an emergency procedure plan, and the following emergency supplies must be readily available for transesophageal echocardiograms and stress echocardiograms:
- 4.1.2.1A a fully equipped cardiac arrest cart (crash cart);
  - 4.1.2.2A a defibrillator;
  - 4.1.2.3A equipment for starting and maintaining intravenous access;
  - 4.1.2.4A oxygen tanks or wall mounted oxygen sources with appropriate cannulae and/or masks; and
  - 4.1.2.5A suction equipment.
- 4.1.3A The facility must meet the standards set forth by the Occupational Safety and Health Administration (OSHA) and by the Joint Commission (JC), where applicable.
- 4.1.4A The facility must have a written procedure in place for handling acute medical emergencies.

([See Guidelines below for further recommendations](#)).

## Section 4A: Facility Safety Guidelines

- 4.1A *Sonographer Radiation Exposure: Sonographers may be exposed to significant levels of radiation from patients who have both a nuclear test and an echocardiogram on the same day, and also from spending time in catheterization/hybrid laboratories. For this reason, it is recommended that facilities have a formal policy to address radiation safety for sonographers.<sup>7</sup>*
- 4.1.1A *Comment: For additional information regarding MSD, please visit:*  
[www.cdc.gov/niosh/docs/wp-solutions/2006-148/](http://www.cdc.gov/niosh/docs/wp-solutions/2006-148/)  
[www.sdms.org/pdf/wrmsd2003.pdf](http://www.sdms.org/pdf/wrmsd2003.pdf)

## Section 5A: Administrative

### STANDARD – Patient Confidentiality

- 5.1A All facility personnel must ascribe to professional principles of patient-physician confidentiality as legally required by federal, state, local or institutional policy or regulation.

### STANDARD – Patient or Other Customer Complaints

- 5.2A There must be a policy in place outlining the process for patients or other customers to issue a complaint/grievance in reference to the care/services they received at the facility/facility and how the facility handles complaints/grievances.

### STANDARD – Primary Source Verification

- 5.3A There must be a policy in place identifying how the facility verifies the medical education, training, appropriate licenses and certifications of all physicians as well as, the certification and training of all technical staff members and any other direct patient care providers.

## Section 5A: Administrative Guidelines

*Sample documents are available for each of the required policies listed in Section 5A on the IAC Echocardiography website at [intersocietal.org/echo/seeking/sample\\_policies.htm](http://intersocietal.org/echo/seeking/sample_policies.htm).*

## **Section 6A: Multiple Sites (Fixed and/or Mobile)**

### **STANDARD – Multiple Sites**

- 6.1A When testing is performed at more than one physical facility, the facility may be eligible to apply for a single accreditation as a multiple site facility.
  - 6.1.1A All facilities have the same Medical Director.
  - 6.1.2A All facilities have the same Technical Director.
  - 6.1.3A Identical testing protocols are used at all sites.
  - 6.1.4A Identical diagnostic criteria are used at all sites.
  - 6.1.5A Quality Improvement (QI) must be evaluated for each site for all areas of testing performed at the site.
  - 6.1.6A Equipment of similar quality and capability must be used at all sites.

## **Section 6A: Multiple Sites (Fixed and/or Mobile)**

### ***Guidelines***

*Facilities needing complete details on adding a multiple site should review the current IAC Policies and Procedures available on the IAC website at [intersocietal.org/iac/legal/policies.htm](http://intersocietal.org/iac/legal/policies.htm).*

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# Part B:

## Examinations and Procedures

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### Section 1B: Adult Transthoracic Echocardiography Testing

#### STANDARD – Instrumentation

##### 1.1B Cardiac Ultrasound Systems

1.1.1B Ultrasound instruments utilized for diagnostic studies must include, at a minimum, hardware and software to perform:

1.1.1.1B M-Mode imaging;

1.1.1.2B two-dimensional (2-D) imaging (the system must include harmonic capabilities);

1.1.1.3B spectral display for pulsed (PW) and continuous wave (CW) Doppler studies;

1.1.1.4B colorflow imaging;

1.1.1.5B monitor or other display method of suitable size and quality for observation and interpretation of all modalities;

Comment: The display must identify the parent institution, the name of the patient, the date and time of the study. The ECG must also be displayed.

1.1.1.6B range or depth markers must be available on all displays;

1.1.1.7B capabilities to measure the distance between two points, an area on a 2-D image, blood flow velocities, time intervals and peak and mean gradients from spectral Doppler studies;

1.1.1.8B at least two imaging transducers, one of low frequency (2-2.5 MHz) and one of high frequency (3.5 MHz or higher); or a multi-frequency transducer which includes a range of frequencies specific to the clinical needs in adult echo.

Comment: A transducer dedicated to the performance of non-imaging continuous wave Doppler must be available at each site.

1.1.1.9B an audible output must be present at the time of acquisition;

1.1.1.10B machines with some, but not all of the above, equipment may be used for limited or directed echocardiographic examinations. However, machines utilized for complete diagnostic procedures must include all of the above listed capabilities.

*([See Guidelines on Page 25 for further recommendations.](#))*

#### STANDARD – Procedure Volumes

1.2B The annual procedure volume must be sufficient to maintain proficiency in examination performance and interpretation.

*([See Guidelines on Page 25 for further recommendations.](#))*

## STANDARD – Indications, Ordering Process and Scheduling

- 1.3B Transthoracic echocardiography testing is performed for appropriate indications.<sup>1</sup>
- 1.3.1B Verification of the Indication – A process must be in place in the facility for obtaining and recording the indication. Before a study is performed, the indication must be verified and any additional information needed to direct the examination must be obtained.
- 1.4B Transthoracic echocardiography testing is appropriately ordered and scheduled. The ACC-ASE appropriate use criteria documents pertaining to echocardiography must be available for review in the facility.
- 1.4.1B Ordering Process – The echocardiogram order and requisition must clearly indicate the type of study to be performed, the reason(s) for the study and the clinical question(s) to be answered. The signed (electronic or handwritten) order/requisition must be present in the medical record of the patient.
- 1.4.2B Definition of Procedure Types and Protocols
- 1.4.2.1B Complete Studies:
- i. A complete imaging study is one that examines all of the cardiac chambers and valves and the great vessels from multiple views, then uses the available information to completely define any recognized abnormalities.
  - ii. A complete Doppler study is one that examines every cardiac valve, and the atrial and ventricular septa for antegrade and/or retrograde flow. In addition, a complete Doppler study provides functional hemodynamic data.
- 1.4.2.2B Limited Study: A limited study is generally only performed when the patient has undergone a complete recent examination and there is no clinical reason to suspect any changes outside the specific area of interest. A limited study generally examines a single area of the heart or answers a single clinical question.
- 1.4.3B Scheduling – Sufficient time must be allotted for each study according to the procedure type. The performance time allotted for a complete (imaging and Doppler) transthoracic examination is 45 to 60 minutes from patient encounter to departure. An additional 15 to 30 minutes may be required for complicated studies.
- 1.4.3.1B An urgent study must be performed in the next available time period.
- 1.4.3.2B A stat study must be performed as soon as possible, preempting routine studies.
- 1.4.3.3B Availability for Emergencies: Qualified personnel and equipment must be available for urgent or stat studies outside normal working hours in inpatient facilities or where appropriate.

*(See Guidelines on Page 25 for further recommendations.)*

## STANDARD – Techniques

- 1.5B Examination performance must include proper technique.
- 1.5.1B All procedures must be explained to the patient and/or parents or guardian. The patient's height and weight must be measured and recorded prior to the examination, so that measurements can be indexed, when appropriate, to parameters of body size.
- 1.5.2B Echocardiography examinations of the heart must examine all cardiac chambers and structures. The course and extent of disease must be documented.



- 1.5.3B Elements of study performance include, but are not limited to:
  - 1.5.3.1B proper patient positioning;
  - 1.5.3.2B transducer selection and placement;
  - 1.5.3.3B optimization of equipment gain and display settings;
  - 1.5.3.4B utilization of appropriate Doppler technique (including proper Doppler alignment) and measurements;
  - 1.5.3.5B representative image storage of all images and data;
  - 1.5.3.6B timely report generation and communication of results; and
  - 1.5.3.7B performance of a 2-D/M-Mode/Doppler examination according to the facility specific and appropriate protocol that incorporate all views and imaging planes mandated by Standards (1.5.1B, 1.5.2B).
- 1.5.4B Elements of study quality include, but are not limited to:
  - 1.5.4.1B definition of endocardium;
  - 1.5.4.2B display of standard (on axis) imaging planes (e.g., avoidance of foreshortening);
  - 1.5.4.3B delineation of the details of valvular anatomy;
  - 1.5.4.4B measurements of left ventricular dimensions from standard orthogonal imaging planes;
  - 1.5.4.5B optimal recording and evaluation of Doppler flows (which are aligned to the Doppler beam and parallel to flow);
  - 1.5.4.6B accurate spectral Doppler recording and recording of abnormal Doppler flow signals in multiple views; and
  - 1.5.4.7B adherence to the facility specific protocol including sequence with allowances for additional views.

## **STANDARD – Components of the Transthoracic Echocardiogram**

- 1.6B Transthoracic echocardiograms must be comprehensive and include standard components.
  - 1.6.1B Components of the Examination – A protocol must be in place that defines the components of the standard examination. Indications for performance of a complete and/or limited exam must be included.
    - 1.6.1.1B Complete Examination: Includes standard views from multiple planes including views of all cardiac structures and selected extracardiac structures. These include, but are not limited to:
      - i. left ventricle;
      - ii. right ventricle;
      - iii. left atrium;
      - iv. right atrium;
      - v. aortic valve;
      - vi. pulmonic valve;
      - vii. mitral valve;

- viii. tricuspid valve;
- ix. proximal ascending aorta;
- x. aortic arch (when indicated);
- xi. inferior vena cava; and
- xii. pericardium.

1.6.1.2B Complete Doppler Study: Includes spectral Doppler and/or color flow interrogation of all normal and abnormal flows within the heart including the valves, the great vessels and the atrial and ventricular septa.

1.6.1.3B Limited Examination: A limited study is generally only performed when the patient has undergone a complete recent examination and there is no clinical reason to suspect any changes outside the specific area of interest. A limited study generally examines a single area of the heart or answers a single clinical question.

*(See Guidelines on Page 25 for further recommendations.)*

1.6.2B The complete examination must include (except where technically unobtainable), but not be limited to:

1.6.2.1B The following standard 2-D views:

- i. parasternal long axis view;
- ii. parasternal short axis views (at the level of the aortic valve, left ventricle at the basal, mid and apical levels);
- iii. right ventricular inflow view (from anteriorly directed parasternal long axis view);
- iv. apical four-chamber view;
- v. apical two-chamber view;
- vi. apical five-chamber view;
- vii. apical long axis view;
- viii. subcostal four chamber view;
- ix. subcostal short axis view (when indicated);
- x. subcostal IVC/hepatic vein view; and
- xi. suprasternal notch view (when indicated).

1.6.2.2B The following 2-D or M-Mode measurements of the left heart:

- i. left ventricular internal dimension at end-diastole;
- ii. left ventricular internal dimension at end-systole;
- iii. left ventricular posterobasal free wall thickness at end-diastole;
- iv. ventricular septal thickness at end-diastole;
- v. left atrial dimension at end-systole or left atrial volume index; and
- vi. aortic root dimension at end-diastole.

1.6.2.3B The following standard Doppler flow evaluations:

- i. four cardiac valves – forward flow spectra for each valve, and any regurgitation, shown in at least two imaging planes with color Doppler;
- ii. also use of non-imaging Doppler Transducer to assess stenotic valves, valvular regurgitation or whenever indicated;
- iii. tricuspid regurgitation spectrum must always be sought with CW Doppler from multiple views for estimation of systolic right ventricular pressure when tricuspid regurgitation is present;

- iv. atrial and ventricular septa – color Doppler screening for defects;
- v. left ventricular outflow tract velocity;
- vi. velocity-time integrals and hepatic and pulmonary vein flow spectra are optional; and
- vii. For aortic stenosis, the systolic velocity must be evaluated from multiple transducer positions (e.g., apical, suprasternal and right parasternal). This must include interrogation from multiple views with a dedicated non-imaging continuous wave Doppler transducer (at least one clear envelope must be obtained).

*(See Guidelines below for further recommendations.)*

**1.6.3B** Use of Contrast for Suboptimal Image Quality – Contrast is indicated for use when two contiguous segments are not visualized in any three of the apical views (poor endocardial border definition) as it provides greater accuracy in determining left ventricular function.<sup>7</sup>

**1.6.3.1B** If contrast is used, there must be a written policy for the use of contrast agents.

**1.6.3.2B** If contrast is not able to be used there must be a policy for alternative imaging.

Comment: Poor endocardial border definition is defined as the inability to detect two or more contiguous segments in any three of the apical views.

*(See Guidelines below for further recommendations.)*

## **Section 1B: Adult Transthoracic Echocardiography Testing Guidelines**

### **1.1.1B** Cardiac Ultrasound Systems

- Instrument settings to enable optimization of ultrasound contrast agents.
- There should be a system setting to display low frequency Doppler filtering for tissue Doppler display.

**1.2B** A facility should perform a minimum of 600 echocardiograms annually. Each member of the medical staff should interpret a minimum of 300 studies annually. Each member of the technical staff should perform a minimum of 300 studies annually. The total volume of studies interpreted and performed by each staff member may be combined from sources other than the applicant facility. Lower volumes than those recommended here, however, should not dissuade a facility that is otherwise compliant with the IAC Echocardiography Standards from applying for accreditation.

**1.4.3B** A routine study on an inpatient should be performed on the same working day as ordered, unless otherwise specified. Outpatient studies should be assigned priority as defined by the referring physician and/or the indication of the study.

**1.6.1B** For all imaging protocols, if any required view or Doppler signal cannot be adequately obtained, it should be recorded and labeled in order to demonstrate that it was attempted.

**1.6.2.3B** Doppler flow evaluations:

- Tissue Doppler, strain, strain-rate are optional Doppler studies
- Contrast studies are not required but should be considered when patients are technically difficult.
- LV diastolic function should be evaluated through a combination of PW and tissue Doppler techniques.

**1.6.3B** Contrast should be used in the presence of poor endocardial border definition for quantification of chamber dimensions, volumes, ejection fraction and assessment of regional wall motion.

Contrast should also be used to assess conditions such as hypertrophic cardiomyopathy or when left ventricular thrombus is suspected.

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## Section 2B: Adult Transesophageal Echocardiography Testing

### STANDARD – Instrumentation

#### 2.1B Cardiac Ultrasound Systems

- 2.1.1B Ultrasound instruments utilized for transesophageal echocardiographic studies (TEEs) must include the echocardiographic imaging system requirements, as outlined in the [Section 1B: Adult Transthoracic Echocardiography Testing, STANDARD – Instrumentation](#).

#### 2.2B Transesophageal Ultrasound Transducer

- 2.2.1B Transesophageal ultrasound transducers must be those manufactured for the ultrasound system of the facility.
- 2.2.2B Transesophageal ultrasound transducers must incorporate multiplane imaging capabilities.
- 2.2.3B The manufacturer's guidelines must be followed for the appropriate care and cleansing of the TEE transducer and adhere to the appropriate infectious disease standards to prevent the transmission of disease. Effective December 31, 2015, the structural and electrical integrity of the transducer must be checked between each use, using an ultrasound transducer leakage tester. "Passed" or "Failed" must be documented in the routine TEE probe cleaning / maintenance log along with action taken if "Failed."

### STANDARD – Procedure Volumes

- 2.3B The annual procedure volume must be sufficient to maintain proficiency in examination performance and interpretation.

*(See Guidelines on Page 31 for further recommendations.)*

### STANDARD – Indications, Ordering Process and Scheduling

- 2.4B Transesophageal echocardiographic testing is performed for appropriate indications.<sup>1</sup>
  - 2.4.1B Verification of the Indication – A process must be in place in the facility for obtaining and recording the indication. Before a study is performed, the indication must be verified and any additional information, including pertinent clinical history, needed to direct the examination must be obtained.<sup>1</sup> If the indication for the examination and/or clinical history are not clear, the physician performing the TEE must verify the clinical history and an appropriate indication before proceeding with the examination.
- 2.5B Transesophageal echocardiographic studies are appropriately ordered and scheduled.
  - 2.5.1B Ordering Process – The TEE order and/or requisition must clearly indicate the type of study to be performed, reason(s) for the study and the clinical question(s) to be answered. The order/requisition must be present in the medical record of the patient.

## 2.5.2B Definition of Procedure Types and Protocols

2.5.2.1B A TEE examination is one that examines all of the cardiac chambers, valves and great vessels from multiple imaging planes and then uses the information to completely define any recognized abnormalities. This study must include appropriate Doppler interrogation of all cardiac valves and structures (e.g., pulmonary veins and atrial appendage) and provide any hemodynamic data felt to be of importance for patient care. It is recognized that in some instances “limited” TEEs are performed (i.e., in the OR with time constraints or when a follow up examination is performed to evaluate specific pathology) that may limit or prevent a complete evaluation.

*(See Guidelines on Page 31 for further recommendations.)*

2.5.2.2B The TEE is an invasive examination and usually is performed using conscious sedation. The facility must demonstrate that all medical and technical staff routinely adhere to the global conscious sedation policies in place for the medical facility as required by the Joint Commission or other appropriate accrediting organizations.

2.5.3B Scheduling – Sufficient time must be allotted for each study according to the procedure type. The performance time allotted for an uncomplicated, complete study (outside of the OR) is estimated to be 45 to 60 minutes, with an additional 15 to 30 minutes for complicated studies from patient encounter to departure. Sufficient time must be included in the scheduling process for adequate post-sedation monitoring.

*(See Guidelines on Page 31 for further recommendations.)*

## **STANDARD – Training**

2.6B Transesophageal echocardiography is an invasive examination, which, if performed incorrectly, can lead to serious harm to patients and therefore, must be performed by appropriately trained physicians.

2.6.1B All performing physicians must be adequately trained and experienced to perform and interpret the study.<sup>2</sup>

2.6.2B All assisting sonographers and nurses must be adequately trained and validated as competent in procedures and policies for assisting in invasive procedures using conscious sedation.

## **STANDARD – Techniques**

2.7B Examination performance must include proper technique.

2.7.1B Elements of study performance include, but are not limited to:

2.7.1.1B transducer insertion;

2.7.1.2B optimization of equipment gain and display settings;

2.7.1.3B utilization of appropriate Doppler technique and measurements;

2.7.1.4B optimization of image orientation to enhance Doppler display; and

2.7.1.5B performance of a 2-D/Doppler transesophageal examination according to the facility specific and appropriate protocol that incorporates all views and imaging planes mandated by Standard 2.8.6B (in any sequence).

- 2.7.2B Elements of study quality include, but are not limited to:
  - 2.7.2.1B demonstration of cardiac structure and function;
  - 2.7.2.2B evaluation of atrial and ventricular septal integrity;
  - 2.7.2.3B evaluation of left atria and left atrial appendage;
  - 2.7.2.4B evaluation of ascending aorta, descending aorta and aortic arch;
  - 2.7.2.5B delineation of the details of valvular anatomy;
  - 2.7.2.6B optimal recording and evaluation of spectral and color flow Doppler;
  - 2.7.2.7B adherence to the facility specific and appropriate protocol (except for sequence); and
  - 2.7.2.8B imaging of at least one right and one left pulmonary vein, with Doppler when appropriate.

## **STANDARD – Components of Transesophageal Echocardiograms**

- 2.8B Transesophageal echocardiograms must be comprehensive and include standard components.
  - 2.8.1B Technical Personnel – Due to the complexity of the TEE study, appropriate technical personnel must be available to assist the performing physician. These personnel may include a sonographer and a nurse. The duties of these individuals include, but are not limited to:
    - 2.8.1.1B preparing the patient for the test;
    - 2.8.1.2B assisting the physician with the ultrasound equipment;
    - 2.8.1.3B monitoring the patient during and after the examination; and
    - 2.8.1.4B administration of anesthetic medication and airway management.
  - 2.8.2B Preparation of the Patient – To perform TEE studies safely, appropriate safety guidelines must be in place. Patients must have a functioning intravenous access in place. Cardiac monitoring with standard telemetry leads must be utilized. Instrumentation to monitor the blood pressure and oxygen saturation of the patient before, during and after the examination must be available, as well as oxygen with appropriate delivery devices if needed.
  - 2.8.3B Conscious Sedation – The facility must recognize the potential need for patient sedation in order to obtain an adequate examination. During the use of conscious sedation there must be methods in place to assess the patient's level of consciousness pre procedure and throughout the procedure. All procedures must be explained to the patient and/or the parents or guardians of those unable to give informed consent. Consent must be obtained in a manner consistent with the rules and regulations required by the hospital or facility. Written policies must exist for the use of conscious sedation including, but not limited to:
    - 2.8.3.1B type of sedatives and appropriate dosing; and
    - 2.8.3.2B monitoring during and after the examination.
  - 2.8.4B Monitoring the Patient – During the procedure, the vital signs and medical stability of the patient must be periodically evaluated and recorded. The development of instability in either the vital signs or comfort of the patient must be addressed by the performing physician. Facility

guidelines for the monitoring of patients who receive intravenous anesthetic agents are required. These written guidelines must be in place and available for all facilities where TEEs are performed. A list of peri-procedural complications must be maintained.

- 2.8.5B Recovery of the Patient – Prior to discharge from the TEE facility, the patient must be monitored for a sufficient amount of time to assure that no complications have arisen either from the procedure or the medication administered. The patient and/or the family must be instructed on any post-procedure care that the physician feels is necessary. Information must be given to outpatients that will allow them to contact the performing physician or physician on call should complications arise after patient discharge. A list of post-procedural complications must be maintained.
- 2.8.6B Components of the Examination – A protocol must be in place that defines the standard views and components of a comprehensive TEE examination. Indications for performance of a TEE examination must be included. A complete TEE and TEE-Doppler examination includes standard views from multiple planes including views of all cardiac structures and selected extracardiac structures.

*([See Guidelines on Page 31 for further recommendations.](#))*

- 2.8.7B The complete examination must include the following standard views while allowing for patient tolerance and safety:
- 2.8.7.1B gastric short axis and long axis views;
  - 2.8.7.2B standard 2 and 4 chamber views;
  - 2.8.7.3B short and long axis views of the aortic valve with appropriate Doppler;
  - 2.8.7.4B multiple imaging planes of the mitral valve with appropriate Doppler;
  - 2.8.7.5B multiple imaging planes of the tricuspid valve with appropriate Doppler;
  - 2.8.7.6B longitudinal view of the pulmonic valve with appropriate Doppler;
  - 2.8.7.7B multiple imaging planes of the right atrium, left atrium and left atrial appendage with appropriate Doppler;
  - 2.8.7.8B in cases of suspected cardiac source of emboli, appropriate use of contrast methods to evaluate for the presence of intracardiac shunting;
  - 2.8.7.9B multiple imaging planes of the atrial septum and foramen ovale with appropriate Doppler
  - 2.8.7.10B imaging of the pulmonary veins with appropriate Doppler, when mitral regurgitation is present;
  - 2.8.7.11B short axis views of the ascending, descending and transverse arch of the aorta;
  - 2.8.7.12B long axis views of the main pulmonary artery and proximal portions of the right and left pulmonary arteries;
  - 2.8.7.13B images of the proximal inferior and superior vena cava; and
  - 2.8.7.14B imaging of the pericardial space and pericardium.



## Section 2B: Adult Transesophageal Echocardiography Testing *Guidelines*

### 2.3B Procedure Volumes

*A facility should perform a minimum of 50 transesophageal echocardiographic studies annually. Each member of the medical staff should perform a minimum of 50 transesophageal echocardiographic studies annually. The total volume of studies interpreted and performed by each medical staff member may be combined from sources other than the applicant facility. Competency in the performance and interpretation may be present with fewer numbers of studies. Lower volumes than those recommended here, however, should not dissuade a facility that is otherwise compliant with the IAC Echocardiography Standards from applying for accreditation.*

### 2.5.2.1B Definition of Procedure Types and Protocols

*In general, a TEE should be performed to answer clinical questions that cannot be answered by transthoracic imaging. However, the routine practice of a facility should be the performance of a comprehensive evaluation.*

### 2.5.3B Scheduling

- *An urgent or stat TEE study should be performed as soon as possible and may preempt other clinical facility activities.*
- *Availability for Emergencies: Qualified personnel and equipment should be available for urgent or stat studies outside of normal working hours in most tertiary inpatient facilities or where appropriate in other medical facilities offering TEE services.*

### 2.8.6B Components of TEE Examination

*The examination should be performed in a methodical fashion although the order of imaging plane acquisitions and Doppler may vary so as to answer the question at hand in an expeditious fashion. Although limited TEE examinations may have a role in specific clinical situations, a facility should generally perform comprehensive examinations routinely, due to the high yield of unexpected findings.*

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# Section 3B: Adult Stress Echocardiography Testing

## STANDARD – Instrumentation

### 3.1B Cardiac Ultrasound Systems

3.1.1B Ultrasound instruments utilized for stress echocardiographic studies must include, at a minimum, hardware and software to perform:

3.1.1.1B M-Mode imaging;

3.1.1.2B two-dimensional (2-D) imaging (the system must include harmonic capabilities);

3.1.1.3B spectral display for pulsed (PW) and continuous wave (CW) Doppler studies;

3.1.1.4B colorflow imaging;

3.1.1.5B monitor or other display method of suitable size and quality for observation and interpretation of all modalities;

Comment: The display must identify the parent institution, the name of the patient, the date and time of the study. The ECG must also be displayed.

3.1.1.6B range or depth markers must be available on all displays;

3.1.1.7B capabilities to measure the distance between two points, an area on a 2-D image, blood flow velocities, time intervals, and peak and mean gradients from spectral Doppler studies;

3.1.1.8B at least two imaging transducers, one of low frequency (2-2.5 MHz) and one of high frequency (3.5 MHz or higher); or a multi-frequency transducer which includes a range of frequencies specific to the clinical needs in adult echo.

Comment: A transducer dedicated to the performance of non-imaging continuous wave Doppler must be available at each site.

3.1.1.9B an audible output must be present at the time of acquisition;

3.1.1.10B machines with some, but not all of the above, equipment may be used for limited or directed echocardiographic examinations. However, machines utilized for complete diagnostic procedures must include all of the above listed capabilities.

*(See Guidelines on Page 38 for further recommendations.)*

### 3.2B Stress Echocardiography Acquisition Systems

3.2.1B Acquisition of the stress echocardiographic images must be available and utilized for the performance and interpretation of stress echocardiography.

3.2.1.1B The system must allow for accurate “triggered” acquisition of images and side-by-side image display.

3.2.1.2B The acquisition system must have adequate memory to allow performance of multi-stage stress echocardiogram studies.

3.2.1.3B The capability of side-by-side comparison of images from baseline and different stages of stress. Side-by-side review may be accomplished within the ultrasound stress package or on a dedicated offline workstation.

## STANDARD – Procedure Volumes

- 3.3B The annual procedure volume must be sufficient to maintain proficiency in examination performance and interpretation.

*(See Guidelines on Page 38 for further recommendations.)*

## STANDARD – Indications, Ordering Process and Scheduling

- 3.4B Stress echocardiography is performed for appropriate indications.<sup>1</sup>
- 3.4.1B Verification of the Indication – A process must be in place for obtaining and recording the indication. Before a study is performed, the indication must be verified and any additional information needed to direct the examination must be obtained.
- 3.5B Stress echocardiographic studies are appropriately ordered and scheduled.
- 3.5.1B Ordering Process – The stress echocardiogram order and/or requisition must indicate the type of study to be performed, the reason(s) for the study and the clinical question(s) to be answered. The signed order/requisition must be retained in the medical record of the patient.
- 3.5.1.1B Immediately prior to performing the test, the facility staff must assess the patient for the ability to exercise safely and to confirm that the type of stress (exercise or pharmacologic) requested is most appropriate.
- 3.5.2B Definition of Procedure Types
- 3.5.2.1B Two-phase stress echocardiography examines and compares left ventricular wall segments before stress and after stress and is usually accomplished using treadmill exercise (and are sometimes accomplished using pacing methods).
- 3.5.2.2B Three-phase stress echocardiography examines and compares left ventricular wall segments before, during, and after stress, and is usually accomplished using treadmill exercise or bicycle exercise ergometry (and is sometimes accomplished using pacing methods).
- 3.5.2.3B Four-phase stress echocardiography examines and compares left ventricular wall segments before, during and/or after stress, and is usually accomplished using pharmacological stress agents or supine bicycle ergometry (and is sometimes accomplished using pacing methods).
- 3.5.2.4B Doppler stress echocardiography compares antegrade and retrograde flows (if present) before, during and/or after stress. Doppler stress echocardiography may be performed alone or in conjunction with treadmill, bicycle, pacing or pharmacological stress.
- 3.5.2.5B Contrast agents may be used in conjunction with treadmill, bicycle, pacing or pharmacological stress to optimize endocardial border definition or enhance Doppler signals.
- 3.5.3B Scheduling – Sufficient time is allotted for each study according to the procedure type. The performance time allotted for a stress echocardiogram is 45 to 60 minutes from patient encounter to departure. An additional 15 to 30 minutes per study may be needed for the performance of a pharmacologic stress echocardiogram since these procedures require that intravenous access be obtained. Additional time will also be required when adding Doppler to any standard stress echocardiogram.

## STANDARD – Training

- 3.6B Stress echocardiography is a diagnostic test which, if performed and/or interpreted incorrectly, can lead to serious consequences for the patient.
- 3.6.1B Accurate performance of stress echocardiography requires that the performing sonographer and interpreting physician are adequately trained and experienced to perform and interpret stress echocardiograms.
- 3.6.2B All personnel directly supervising stress procedures must have appropriate training/experience. While physician presence during stress testing is not required, the facility must assure that appropriate staff is present based upon the types of procedures being performed and the patients' risks of adverse events.
- 3.6.3B If a non-physician (e.g., properly trained nurse, physician assistant, nurse practitioner, exercise physiologist) practicing under the physician's license is supervising the stress test, the Medical Director or physician director of the stress facility must provide written attestation of appropriate training and competence as outlined in the American College of Cardiology/American Heart Association Clinical Competence Statement on Stress Testing.
- Comment: For specific training and competence requirements, see [Bibliography](#).
- 3.6.4B At a minimum, at least two qualified people are required to be in attendance during stress testing.
- 3.6.5B Basic Life Support – All personnel, including physicians, directly supervising stress procedures must have appropriate training/experience and must be certified in basic life support.
- 3.6.6B Advanced Cardiac Life Support – There must be ACLS certified personnel on-site and immediately available during cardiac stress procedures.

## STANDARD – Techniques

- 3.7B Examination performance must include proper technique.
- 3.7.1B Elements of study performance include, but are not limited to:
- 3.7.1.1B proper patient positioning during image acquisition (beds with imaging drop sections are strongly recommended);
  - 3.7.1.2B appropriate transducer selection and placement;
  - 3.7.1.3B achievement of optimal heart rate;
  - 3.7.1.4B optimization of the ultrasound equipment gain and display settings;
  - 3.7.1.5B contrast is indicated for use when two contiguous segments are not visualized as it provides greater accuracy in determining left ventricular function. Contrast must be used if this is not accomplished with harmonic optimal imaging<sup>8</sup>;
  - 3.7.1.6B depth settings and view orientation must be the same at all stages for the purpose of side by side comparisons;
  - 3.7.1.7B for treadmill stress, post stress images must be obtained within 60-90 seconds of peak stress (if images are obtained beyond 90 seconds it must be noted in the report);

- 3.7.1.8B for pharmacologic echo, images must be obtained within the last 60 seconds of each stage;
- 3.7.1.9B optimization of digitized images for side by side comparison;
- 3.7.1.10B utilization of artifact-free ECG for digital triggering purposes;
- 3.7.1.11B appropriate ECG lead placement;
- 3.7.1.12B utilization of appropriate Doppler technique (including proper alignment) and measurements; and
- 3.7.1.13B performance of a stress echocardiogram according to the facility specific and appropriate protocol that incorporates all views and imaging planes mandated by Standard 3.7B.
- 3.7.2B Elements of study quality include, but are not limited to:
  - 3.7.2.1B definition of endocardium;
  - 3.7.2.2B display of standard, on axis, imaging planes (e.g., avoidance of foreshortening);
  - 3.7.2.3B measurements of left ventricular dimensions (when performed) obtained from standard orthogonal imaging planes;
  - 3.7.2.4B accurate digital triggering (from ECG R wave);
  - 3.7.2.5B appropriate side by side image display;
  - 3.7.2.6B adherence to the facility specific and appropriate protocol; and
  - 3.7.2.7B avoidance of artifacts when using contrast.

## **STANDARD – Stress Echocardiography Facility Arrangement**

- 3.8B Stress echocardiograms must be performed in a facility designed to assure patient safety.
  - 3.8.1B Elements of the stress echocardiography facility arrangement include, but are not limited to ([Section 2A: Facility, 2.1A, 2.12A](#) and [Section 4A: Facility Safety, 4.1A and 4.1.1A](#)):
    - 3.8.1.1B Proper placement of emergency equipment (crash cart and oxygen) such that they are easily accessible.

## **STANDARD – Stress Echocardiogram Components**

- 3.9B Stress echocardiograms must be comprehensive and include standard components.
  - 3.9.1B Components of the Examination – Separate protocols must be in place that defines the components of each type of stress echocardiograms performed in the facility. Indications for the performance of a pharmacologic stress echocardiogram and/or a standard exercise stress echocardiogram must be included.
 

Comment: Alternate views may be obtained if contrast is used.

    - 3.9.1.1B Treadmill Stress Echo: Images must be obtained at baseline and immediately post exercise. All LV segments need to be visualized and compared side by side (baseline vs. peak exercise). The required views are parasternal long axis view,

parasternal short axis view, apical four-chamber view and apical two-chamber view, or apical long axis, apical four-chamber view, apical two-chamber view and apical short-axis view.

3.9.1.2B      Bicycle Stress Echo Protocols: At a minimum, images must be obtained at baseline and immediately post exercise. All LV segments need to be visualized and compared side by side. The required views are parasternal long axis view, parasternal short axis view, apical four-chamber view and apical two-chamber view or apical long axis, apical four-chamber view, apical two-chamber view and apical short-axis view.

3.9.1.3B      Pharmacologic Stress Echo: Images must be obtained at baseline and three other phases. Common protocols include digitizing rest, low-dose, pre-peak and peak, or rest, low-dose, peak and recovery. All LV segments need to be visualized and compared side by side. The required views are parasternal long axis view, parasternal short axis view, apical four-chamber view and apical two-chamber view, or apical long axis, apical four-chamber view, apical two-chamber view and apical short-axis view.

3.9.1.4B      Contrast Stress Echo: Facilities using contrast must have a written protocol for use of contrast agents for stress echocardiography.

3.9.1.5B      A Doppler stress echocardiogram includes interrogations of flow velocities (from the same site) before, during and/or immediately following stress. Doppler stress echocardiography may be utilized to document gradient changes that occur with stress, or to evaluate diastolic filling pattern changes that occur with stress.

3.9.2B      Patient Preparation – To adequately perform stress echocardiogram studies, appropriate safety guidelines must be in place.

3.9.2.1B      All stress echocardiogram procedures must be explained to the patient and/or the guardian of those unable to give informed consent. Consent must be obtained in a manner consistent with the rules and regulations outlined by the hospital or facility.

3.9.2.2B      Patients undergoing pharmacologic or contrast echocardiography must have a functioning intravenous access in place.

3.9.2.3B      A fully-equipped cardiac arrest cart (crash cart) as outlined in [Section 4A: Facility Safety, 4.1.2A](#) of the Standards with additional medications utilized for reversing the effect of the pharmacologic stress agent(s) must be available at all times.

3.9.3B      Patient Monitoring

3.9.3.1B      During the image acquisition phase and during the recovery phase of the examination, the vital signs of the patient must be periodically evaluated in accordance with the stress testing protocol.

3.9.3.2B      Cardiac monitoring with standard stress testing leads must be utilized.

3.9.3.3B      A list of procedural complications must be maintained.

## Section 3B: Adult Stress Echocardiography Testing *Guidelines*

### 3.1.1B Cardiac Ultrasound Systems

- *Instrument settings to enable optimization of ultrasound contrast agents.*
- *There should be a system setting to display low frequency Doppler filtering for tissue Doppler display.*

### 3.3B Procedure Volumes

*A facility should perform a minimum of 100 stress echocardiograms annually. Each member of the medical staff should interpret a minimum of 100 stress echocardiograms annually. Each member of the technical staff should perform a minimum of 100 stress echocardiograms annually. The total volume of studies interpreted and performed by each staff member may be combined from sources other than the applicant facility. Lower volumes than those recommended here, however, should not dissuade a facility that is otherwise compliant with the IAC Echocardiography Standards from applying for accreditation.*



# Bibliography

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# Part C:

## Quality Improvement

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### Section 1C: Quality Improvement Program

#### STANDARD – QI Program

- 1.1C The facility must have a written Quality Improvement (QI) program for all imaging procedures. The QI program must include the QI measures outlined below but may not be limited to the evaluation and review of:
- 1.1.1C test appropriateness;
  - 1.1.2C technical quality and, if applicable, safety of the imaging;
  - 1.1.3C interpretive quality review;
  - 1.1.4C report completeness and timeliness; and
  - 1.1.5C correlation.

#### STANDARD – QI Oversight

- 1.2C The Medical Director, staff and/or an appointed QI Committee must provide oversight to the QI program including but not limited to review of the reports of QI evaluations and any corrective actions taken to address any deficiencies.

### Section 1C: Quality Improvement Program

#### *Guidelines*

*Sample documents are available for each of the required QI components on the IAC Echocardiography website at [intersocietal.org/echo/seeking/sample\\_documents.htm](https://intersocietal.org/echo/seeking/sample_documents.htm).*

## Section 2C: Quality Improvement Measures

### STANDARD – QI Measures

- 2.1C Facilities are required to have a process in place to evaluate the QI measures outlined in sections 2.1.1C through 2.1.5C.
- 2.1.1C Test Appropriateness
- 2.1.1.1C The facility must evaluate the appropriateness of the test performed for a minimum of 30 consecutive TTE, TEE and SE examinations annually and categorize as:
- appropriate/usually appropriate;
  - may be appropriate; or
  - rarely appropriate/usually not appropriate.
- 2.1.2C Technical Quality Review (Sonographer Performance Variability)
- 2.1.2.1C The facility must evaluate the technical quality of the images and, if applicable, the safety of the procedure. The review must include but is not limited to the evaluation of:
- the clinical images for clarity of images and/or evaluation for suboptimal images or artifact;
  - completeness of the study; and
  - adherence to the facility imaging acquisition protocols.
- 2.1.2.2C Two cases per modality (TTE, SE) per quarter must be reviewed for image quality, completeness of the study and adherence to the facility protocol to be reviewed in QI meetings. The cases must represent as many sonographers as possible. Discrepancies in acquisition quality and variability must be reconciled to achieve uniform examination quality.
- 2.1.3C Interpretive Quality Review (Physician Interpretation Variability)
- 2.1.3.1C The facility must evaluate the quality and accuracy of the interpretation based on the acquired images.
- Ejection fraction (EF), wall motion analysis or degree of regurgitation/stenosis must be assessed on a minimum of two cases per modality per quarter to be reviewed in QI meetings. The cases must represent as many physicians as possible. Differences in interpretation must be reconciled to achieve uniform examination interpretation.
- 2.1.4C Final Report Completeness and Timeliness
- 2.1.4.1C The facility must evaluate the final report for completeness and timeliness as required in the Standards.
- A minimum of 10 random reports per quarter must be evaluated for compliance with the Standards in regard to report components (demographics, 2-D and/or M-Mode numeric data, Doppler evaluation and report text comments), interpretation time and final report generation to be reviewed in QI meetings. All modalities (TTE, TEE, SE) performed in the facility must be represented in the 10 random reports. The reports must represent as many physicians as possible.

2.1.5C Correlation

- 2.1.5.1C Correlation must be performed with any appropriate imaging modality, surgical findings or clinical outcomes for a minimum of four cases annually with at least two cases per relevant testing area to be reviewed in QI meetings.

*([See Guidelines on Page 43 for further recommendations.](#))*

## Section 2C: Quality Improvement Measures

### Guidelines

Sample documents are available for each of the required QI components on the IAC Echocardiography website at [intersocietal.org/echo/seeking/sample\\_documents.htm](http://intersocietal.org/echo/seeking/sample_documents.htm).

#### 2.1.5C Correlation and Confirmation of Results

Correlation of Transthoracic Echocardiograms: For those patients who have undergone transthoracic echocardiograms and other diagnostic procedures (such as cardiac catheterization, coronary angiograms or nuclear perfusion studies) or surgical intervention, the results of transthoracic echocardiograms and other procedures must be routinely compared with regard to valvular abnormalities and left ventricular function. Correlation data for each physician responsible for the interpretation of transthoracic echocardiograms in the facility must be accumulated by the facility and distributed to the interpreting physician. A process for addressing discrepancies between echocardiogram examination results and results of other procedures must be in place. Appropriate components and areas for correlation of transthoracic studies include, but are not limited to:

- left ventricular function, regional wall motion abnormalities and ejection fraction;
- aortic stenosis;
- aortic regurgitation;
- mitral valve regurgitation;
- mitral stenosis; and
- pulmonary artery pressure.

Correlation of Transesophageal Echocardiograms (if performed): For those patients who have undergone transesophageal echocardiograms and surgical repair or other diagnostic procedures (such as coronary angiograms or nuclear perfusion studies), the results of transesophageal echocardiograms and other procedures must be routinely compared with regard to valvular abnormalities, left ventricular function and abnormalities of the aorta. Correlation data for each physician responsible for the interpretation of transesophageal echocardiograms in the facility must be accumulated by the facility and distributed to the interpreting physician. A process for addressing discrepancies between echocardiogram examination results and results of other procedures must be in place. Appropriate components and areas for correlation of transesophageal echocardiograms include, but are not limited to:

- left ventricular function and regional wall motion analysis;
- mechanism and severity of valvular dysfunction;
- presence or absence of thrombi or vegetations; and
- presence or absence of aortic dissection, atheromas, hematomas or ruptures.

Correlation of Stress Echocardiograms (if performed): For those patients who have undergone stress echocardiography and other diagnostic procedures (such as coronary angiograms or nuclear perfusion studies), the results of the stress echocardiogram and the other procedures must be routinely compared. Correlation data for each physician responsible for the interpretation of stress echocardiograms in the facility must be accumulated by the facility and distributed to the interpreting physician. Each type of stress echocardiogram performed in the facility must be included in the comparison studies. A process for addressing discrepancies between echocardiogram examination results and results of other procedures must be in place.

## Section 3C: Quality Improvement Meetings

### STANDARD – QI Meetings

#### 3.1C Quality Improvement (QI) Meetings

3.1.1C The facility must have a minimum of two QI meetings per year, one of which is to review the results of the QI analyses and any additional QI-related topics.

3.1.2C All staff must participate in at least one meeting per year.

*([See Guidelines below for further recommendations.](#))*

## Section 3C: Quality Improvement Meetings *Guidelines*

3.1C *QI meetings must not be counted as ongoing Continuing Medical Education (CME) but rather as part of the facility's ongoing QI Program. CME may be obtained in several ways including self-study materials such as approved CD, journal, Internet and videotape materials, as well as departmental, local, regional and national conferences and courses.*

## Section 4C: Quality Improvement Documentation

### STANDARD – QI Documentation

#### 4.1C QI Documentation and Record Retention

4.1.1C The facility QI documentation must include but is not limited to:

4.1.1.1C the data for all of the QI meetings;

4.1.1.2C minutes from the QI meetings; and

4.1.1.3C participant list (may include remote participation and/or review of minutes).

4.1.2C The QI documentation must be maintained and available for all appropriate personnel to review.

# Bibliography

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# Appendix A

Stress test supervision by non-physician training and competency requirements:

- 1.5.1A If a non-physician (e.g., properly trained nurse, physician assistant, nurse practitioner, exercise physiologist) practicing under the physician's license is supervising the stress test, the facility or Medical Director must document appropriate training and competence as outlined in the American College of Cardiology/American Heart Association Clinical Competence Statement on Stress Testing. (See Bibliography)

## Supervision of Exercise Stress Testing:

- a. knowledge of appropriate indications for exercise testing;
- b. knowledge of alternative physiological cardiovascular tests;
- c. knowledge of appropriate contraindications, risks and risk assessment of testing (not limited to Bayes' theorem and sensitivity/specificity, including concepts of absolute and relative risk);
- d. knowledge to promptly recognize and treat complications of exercise testing;
- e. competence in cardiopulmonary resuscitation and successful completion of an AHA-sponsored course in advanced cardiovascular life support and renewal on a regular basis;
- f. knowledge of various exercise protocols and indications for each;
- g. knowledge of basic cardiovascular and exercise physiology, including hemodynamic response to exercise;
- h. knowledge of cardiac arrhythmias and the ability to recognize and treat serious arrhythmias;
- i. knowledge of cardiovascular drugs and how they can affect exercise performance, hemodynamics and the ECG;
- j. knowledge of the effects of age and disease on hemodynamic and ECG responses to exercise;
- k. knowledge of principles and details of exercise testing, including proper lead placement and skin preparation;
- l. knowledge of end points of exercise testing and indications to terminate exercise testing.

## Supervision of Pharmacologic Stress Agents:

- a. knowledge of appropriate indications;
- b. knowledge of appropriate contraindications;
- c. knowledge of advantages and disadvantages of different exercise and pharmacological stress for echocardiography;
- d. knowledge of complications and ability to recognize and appropriately treat complications, including use of adenosine/dobutamine antagonists such as theophylline and aminophylline;
- e. competence in cardiopulmonary resuscitation and successful completion of an AHA-sponsored course in advanced cardiovascular life support and renewal on a regular basis;
- f. knowledge of various vasodilator, adrenergic stress protocols;
- g. knowledge of the pharmacokinetics of vasodilator and adrenergic drugs;
- h. knowledge of basic cardiovascular physiology, including heart rate and blood pressure response to vasodilators and adrenergic-stimulating agents;
- i. knowledge of electrocardiography and changes that may occur in response to vasodilators or adrenergic-stimulating agents;
- j. knowledge of cardiac arrhythmias and their treatment, including high-grade ventricular arrhythmia and heart block;
- k. knowledge of cardiovascular drugs (and other agents, e.g., caffeine) and their effects on vasodilator and adrenergic drugs.

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS High Expenditure Procedures*

April 2016

**Photodynamic Therapy**

CPT code 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* was identified by Centers for Medicare and Medicaid Services (CMS) in the high expenditure services screen. The RUC recommended that this service be removed from the screen because it has a work RVU of 0.00. In the Final Rule for 2016 CMS indicated that this service should be reviewed.

In April 2001 CPT code 96567 was reviewed as new technology. The procedure involves application of a photo-sensitizing agent followed by exposure to special ultra-violet light. A survey of 39 dermatologists using this new technology indicated that there was some physician work for this XXX global period procedure. However, upon review of the survey responses, the specialty society concluded that the respondents did not accurately assess the time required by the physician for this procedure using the new technology and included a written recommendation that for the typical patient receiving this procedure, there is no physician work. The RUC agreed that the procedure, using this new technology, does not involve physician work but does involve practice expense direct inputs. Years later the service was nominated to be considered in 2005 Five-Year Review. The final Five-Year Workgroup report indicated that after extensive discussion with the RUC regarding the potential need for further CPT revisions, the RUC advised the specialty society that if physician work is part of the code then the specialty would need to submit a coding proposal to CPT to clarify the language to include physician work. At that time the specialty decided to instead withdraw the code from the Five-Year Review.

At the April 2016 RUC meeting the specialty society recommended that the service be deferred to the October 2016 RUC meeting in order for a survey of work to be conducted. The specialty explained that in reviewing the service closely, they realized that there is now physician work involved in providing this service. In order to confirm this observation, the specialty conducted an informal survey that was sent to a few dermatologists. The specialty contends that the results confirm that physicians are involved in the actual delivery of care to patients by performing tasks such as: curettage of thick lesions, real time tailoring of the PDT regimen, explaining side effects, and providing post care instructions. A RUC member questioned if any of the aforementioned services were separately billable and the specialty clarified that they are not. The specialty added that there has been no change to the service and that it is not necessary to refer to the code to the CPT Editorial Panel. A RUC member questioned why the specialty would be claiming that there is physician work now, when it was stated by the specialty that the service has not changed and in 2001 the specialty concluded that for the typical patient there is no physicians work as noted above. A RUC member suggested that there may be the need for two separate codes, one for a simple procedure that clinical staff can provide and one that is more complex and needs

physician involvement. Another RUC member stated that the RUC does not have enough information to determine if the service should or should not go to CPT and ultimately that decision is up to the specialty society. The RUC member continued that this is an unusual service in that it usually is a two encounter service yet it is a single XXX global code. If they are going to survey for work the RUC advised that they go to CPT in order to separate this into two codes or at a minimum seek advice from the Research Subcommittee about how to survey for this type of service. The specialty indicated that it would submit a code change application to split code 96567 into two codes—one to describe physician work and one to describe the when the service is provided by clinical labor only.. The specialty will submit a CCP for the September 2016 CPT meeting to address these concerns. **The RUC refers CPT code 96567 to the CPT Editorial Panel.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
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	XXX	Refer to CPT Sept 2016

April 4, 2016

Peter Smith, MD  
Chair, Relativity Assessment Workgroup (RAW)  
American Medical Association  
330 N. Wabash Ave.  
Chicago, IL 60611



*American Academy of Dermatology Association*  
Excellence in Dermatology™

**Subject: Photodynamic therapy (CPT Code 96567)**

**Tab 43**

Dear Dr. Smith,

The *Photodynamic therapy code 96567* was captured by the screen for high expenditure services across specialties with Medicare allowed charges of \$10 million or more. The RUC requested the American Academy of Dermatology Association (AADA) to review the practice expense (PE) values for the April 2016 meeting. However, in reviewing the service closely, we realized that there is physician work involved in providing this service. In order to confirm our observation we created an informal survey that was sent to a few of our colleagues. The results confirmed that physicians are involved in the actual delivery of care to patients by performing tasks such as: curettage of thick lesions, real time tailoring of the PDT regimen, explaining side effects, and providing post care instructions.

The AADA is recommending reviewing both the PE and the work RVUs of this service, which will require surveying and developing a Summary of Recommendations. We are therefore requesting review of the CPT code 96567 at the October RUC meeting, rather than in April.

Thank you for your consideration and guidance.

Sincerely,

Daniel M. Siegel, M.D.  
AADA RUC advisor

CC: David Hitzeman, MD  
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AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*CMS High Expenditure Procedures*

April 2016

**Photo-chemotherapy – PE Only**

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. The RUC recommended that this service be removed from the screen because the work RVU is 0.00. In the Final Rule for 2016 CMS indicated that this service should be reviewed.

The specialty society explained that the technology for photochemotherapy has changed since this service was last reviewed in February 2001 from broadband UVB only to predominantly narrowband UVB. Patients are treated more aggressively resulting in longer treatment sessions and increased staff requirements. Moreover, due to increased energy output of bulbs, patients must be monitored more closely. The specialty also clarified that the typical patient receiving this procedure is a 47 year-old obese male patient with severe psoriasis with extensive body surface area involvement. The specialty explained that the occlusive dressings (ie impermeable sauna suit, nonlatex impermeable gloves and saran wrap) are applied over the tar. The sauna suit is listed as 0.5 units under supplies because it is used by the same patient for two separate treatment sessions.. The specialty also verified that both the *phototherapy unit, hand-foot, UVA-UVB, EQ204* and *phototherapy unit, whole body, UVA-UVB, EQ205* are used for the typical patient and that the *phototherapy UVB measuring device EQ203* is only used for 2 minutes, rather than the entire service period.

The PE Subcommittee reviewed the direct PE inputs for CPT code 96910. The Subcommittee made the following modifications:

- Moved 2 minutes to *Other Clinical Activity - specify: Review physician orders and calculate dosage* from the post-service portion of the service period to pre-service portion of the service period.
- Verified that the sauna suit is used twice.
- Reduced the time to 2 minutes for equipment item *phototherapy UVB measuring device EQ203* because it is not used for the entire service period and only requires 2 minutes of use, not directly corresponding to a line item on the spreadsheet.
- Modified the other equipment items *table, exam, EF023 light, exam, EQ168, phototherapy unit, hand-foot, UVA-UVB, EQ204* and *phototherapy unit, whole body, UVA-UVB, EQ205* to include the entire service period for the equipment minutes.

**The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	XXX	0.00 (PE Only)

13, 43, & 44  
Tab Number

Acne Surgery,  
Photodynamic Therapy  
Photochemotherapy

\_\_\_\_\_  
Issue

10040, 96910, & 96567  
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

Daniel M. Siegel  
Printed Signature

American Academy of Dermatology  
Specialty Society

April 4, 2016  
Date





**AMA/Specialty Society Update Process  
Practice Expense Summary of Recommendation  
Non Facility Direct Inputs**

CPT Long Descriptor:

Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B

Global Period: XXX Meeting Date: April 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

AADA convened a RUC expert panel to review the current Practice Expense data and practice patterns to make a recommendation.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We are making our recommendation using the current PE direct inputs as a 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:

The technology for photochemotherapy has changed from broad band UVB only to predominantly narrow band UVB. Patients are treated more aggressively resulting in longer treatment sessions and increased staff requirements. Moreover, due to increased energy output of bulbs, patients must be monitored more closely.

5. Please describe in detail the clinical activities of your staff:

**Typical Patient** – a 47 year obese male patient with severe psoriasis with extensive body surface area involvement.

Pre-Service Clinical Labor Activities:

Nurse calibrates UV bulb power output. Nurse reviews chart and medications especially for new photosensitizing meds and previous treatment protocol and reviews physician orders. Nurse interviews and examines the patient and takes vital signs. Nurse evaluates response to therapy as well as any UV burn from previous treatment and any history of UV exposure in the last 48 hours. A plan for current treatment is determined.

Nurse applies topical tar product. Occlusive dressings (ie impermeable sauna suit, nonlatex impermeable

gloves and saran wrap) are applied over the tar. The tar product is allowed to penetrate. After incubation, the tar is removed. UV protective topicals are applied to areas that physician doesn't want exposed to UV.

**Intra-Service Clinical Labor Activities:**

The nurse positions the patient in the whole body UV machine and then starts the exposure. After first exposure, the nurse moves the patient to the hand/foot UV machine, positions the patient properly and activates the second UV exposure. Nurse monitors the patient throughout treatment.

**Post-Service Clinical Labor Activities:**

After the UV treatment, the nurse applies topical steroid and UV protective topicals to appropriate areas. The nurse reviews the treatment and skin care instructions with the patient including photosensitivity and sun protection measures.

The nurse charts the treatment.

The nurse cleans both phototherapy units and the treatment room. The treatment room is cleaned three times (after tar application, after tar removal and at discharge).

	A	B	C	D	E	F	G
1				<b>Current</b>		<b>Recommendation</b>	
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>96910</b>		<b>96910</b>	
3	<b>Meeting Date: 04/2016 Tab: 44 Specialty: Dermatology</b>	<b>CMS Code</b>	<b>Staff Type</b>	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and		Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
6	<b>TOTAL CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>46.0</b>	<b>0.0</b>	<b>70.0</b>	<b>0.0</b>
7	<b>TOTAL PRE-SERV CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>2.0</b>	<b>0.0</b>	<b>2.0</b>	<b>0.0</b>
8	<b>TOTAL SERVICE PERIOD CLINICAL LABOR TIME</b>	L037D	RN/LPN/MTA	<b>43.0</b>	<b>0.0</b>	<b>67.0</b>	<b>0.0</b>
9	<b>TOTAL POST-SERV CLINICAL LABOR TIME</b>			<b>1.0</b>	<b>0.0</b>	<b>1.0</b>	<b>0.0</b>
10	<b>PRE-SERVICE</b>						
11	<b>Start: Following visit when decision for surgery or procedure made</b>						
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 - <i>specify: Calibrate Phototherapy</i>	L037D	RN/LPN/MTA	<b>2</b>		<b>2</b>	
18	<b>End: When patient enters office/facility for surgery/procedure</b>						
19	<b>SERVICE PERIOD</b>						
20	<b>Start: When patient enters office/facility for surgery/procedure:</b>						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	<b>3</b>		<b>3</b>	
22	Review charts	L037D	RN/LPN/MTA	<b>2</b>		<b>0</b>	
23	Obtain vital signs	L037D	RN/LPN/MTA	<b>3</b>		<b>3</b>	
24	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	<b>3</b>		<b>3</b>	
25	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	<b>3</b>		<b>2</b>	
26	Setup scope (non facility setting only)						
27	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	<b>7</b>		<b>15</b>	
28	Sedate/apply anesthesia						
29	Other Clinical Activity - <i>specify: Review physician orders and calculate dosage</i>					<b>2</b>	
30	<b>Intra-service</b>						
31	Monitor patient during procedure	L037D	RN/LPN/MTA	<b>4</b>		<b>16</b>	
32	Assist physician/moderate sedation (% of physician time)						
33	<b>Post-Service</b>						
34	Monitor pt. following moderate sedation						
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)						
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L037D	RN/LPN/MTA	<b>5</b>		<b>5</b>	
37	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	<b>10</b>		<b>15</b>	
38	Clean Scope						
39	Clean Surgical Instrument Package						
40	Complete diagnostic forms, lab & X-ray requisitions <b>(SOAP Note)</b>	L037D	RN/LPN/MTA	<b>2</b>		<b>2</b>	
41	Review/read X-ray, lab, and pathology reports						
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	<b>1</b>		<b>1</b>	
43	Other Clinical Activity - <i>specify:</i>	L037D	RN/LPN/MTA			<b>0</b>	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			<b>n/a</b>		<b>n/a</b>	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			<b>n/a</b>		<b>n/a</b>	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			<b>n/a</b>		<b>n/a</b>	
47	<b>End: Patient leaves office</b>						

	A	B	C	D	E	F	G
1				<b>Current</b>		<b>Recommendation</b>	
2	<b>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</b>			<b>96910</b>		<b>96910</b>	
3	<b>Meeting Date: 04/2016 Tab: 44 Specialty: Dermatology</b>	<b>CMS Code</b>	<b>Staff Type</b>	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and		Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and	
4	<b>LOCATION</b>			<b>Non Fac</b>	<b>Facility</b>	<b>Non Fac</b>	<b>Facility</b>
5	<b>GLOBAL PERIOD</b>			<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
48	<b>POST-SERVICE Period</b>						
49	<b>Start: Patient leaves office/facility</b>						
50	Conduct phone calls/call in prescriptions			<b>1</b>		<b>1</b>	
51	<b>Office visits: List Number and Level of Office Visits</b>			<b># visits</b>	<b># visits</b>	<b># visits</b>	<b># visits</b>
52	99211 16 minutes		16				
53	99212 27 minutes		27				
54	99213 36 minutes		36				
55	99214 53 minutes		53				
56	99215 63 minutes		63				
57	<b>Total Office Visit Time</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
58	Other Clinical Activity - <i>specify:</i>						
59	<b>End: with last office visit before end of global period</b>						
60	<b>MEDICAL SUPPLIES*</b>	<b>CODE</b>	<b>UNIT</b>				
61	pack, minimum multi-specialty visit	SA048	pack	<b>1</b>		<b>1</b>	
62	drape, non-sterile, sheet 40in x 60in	SB006	item	<b>1</b>		<b>1</b>	
63	drape-towel, sterile 18in x 26in	SB019	item	<b>1</b>			
64	gloves, cotton	SB021	pair	<b>1</b>		<b>1</b>	
65	safety glasses	SB038	item	<b>0.1</b>		<b>0.1</b>	
66	slippers, paper	SB040	pair	<b>1</b>		<b>1</b>	
67	towel, non-sterile	SB042	item			<b>10</b>	
68	towel, professional 13in x 18in	SB043	item	<b>2</b>		<b>0</b>	
69	underpad 2ft x 3ft (Chux)	SB044	item	<b>2</b>		<b>3</b>	
70	applicator, cotton-tipped, non-sterile 6in	SG008	item	<b>2</b>		<b>2</b>	
71	gauze, non-sterile 2in x 2in	SG050	item	<b>1</b>		<b>1</b>	
72	tape, surgical paper 1in (Micropore)	SG079	inch	<b>12</b>		<b>12</b>	
73	triamcinolone acetonide 0.1% cream	SH072	gm	<b>30</b>		<b>30</b>	
74	anthralin ointment	SJ006	gm	<b>3</b>		<b>3</b>	
75	coal tar soln	SJ013	ml	<b>240</b>		<b>240</b>	
76	Eucerin cream	SJ026	oz	<b>4</b>		<b>4</b>	
77	goggles, uv-blocking	SJ027	item	<b>0.3</b>		<b>0.3</b>	
78	mineral oil	SJ035	ml	<b>100</b>		<b>100</b>	
79	swab-pad, alcohol	SJ053	item	<b>4</b>		<b>4</b>	
80	zinc oxide ointment	SJ064	oz	<b>1</b>		<b>1</b>	
81	lip screen	SK045	item	<b>0.04</b>		<b>0.04</b>	
82	sunscreen lotion (spf15)	SK078	oz	<b>2</b>		<b>2</b>	
83	towel, paper (Bounty) (per sheet)	SK082	item	<b>6</b>		<b>6</b>	
84	lens paper	SL087	item	<b>2</b>		<b>2</b>	
85	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	<b>1</b>		<b>1</b>	
86	enzymatic detergent	SM015	oz	<b>1</b>		<b>1</b>	
87	sanitizing cloth-wipe (patient)	SM021	item	<b>2</b>		<b>2</b>	
88	Sauna suit	invoice	item			<b>0.5</b>	
89	gloves, non-sterile, nitrile	SB023	pair			<b>2</b>	
90	shoe covers, surgical	SB039	pair			<b>1</b>	
91	plastic wrap	SK066	foot			<b>2</b>	
92	Single Patient Discard Bag, 400 ml	SD236	item			<b>1</b>	
93	gown, staff, impervious	SB027	item			<b>2</b>	
94							
95							
96							
97	<b>EQUIPMENT</b>	<b>CODE</b>					
98	phototherapy UVB measuring device	EQ203		<b>1</b>		<b>2</b>	
99	table, exam	EF023		<b>20</b>		<b>67.0</b>	
100	light, exam	EQ168		<b>20</b>		<b>67.0</b>	
101	phototherapy unit, hand-foot, UVA-UVB	EQ204		<b>25</b>		<b>67.0</b>	
102	phototherapy unit, whole body, UVA-UVB	EQ205		<b>25</b>		<b>67.0</b>	

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
*High Volume Growth*

April 2016

**Home INR Monitoring**

In October 2015, AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013 and these services were identified. In April 2016, the specialty society indicated that they intend to develop Category I codes to describe home INR monitoring services for the September 2016 CPT meeting with review at the January 2017 RUC meeting. **The RUC recommends that codes G0248, G0249 and G0250 be referred to CPT to create Category I codes to describe these services.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0248 (f)	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	XXX	Refer to CPT Sept 2016
G0249 (f)	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	XXX	Refer to CPT Sept 2016

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	XXX	Refer to CPT Sept 2016
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*The mission of the American College of  
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cardiovascular care and improve heart health.*

April 4, 2016

Peter Smith, M.D.

Chair, AMA/Specialty Society RVS Update Committee  
330 N. Wabash, Suite 39300  
Chicago, IL 60611

RE: Tab 45 Home INR Monitoring

Dear Dr. Smith:

Three G codes describing the initial demonstration (G0248), the provision of test materials (G0249), and physician interpretation and management (G0250) of home INR testing were identified by the RAW as potentially misvalued at the January 2016 meeting. After consultation between ACC's RUC and CPT advisors, a decision was made to write a code change proposal to create Category I CPT codes that describe these services.

A code change proposal is under development and will be submitted for consideration at the October 2016 CPT meeting. The ACC looks forward to presenting survey data and recommendations to the RUC at the January 2017 meeting. We recommend the RUC formally refer this issue to CPT.

Sincerely,

Richard F. Wright, MD  
ACC RUC Advisor